

# Senate Amendment 5414

PAG LIN

1 1 Amend the Senate amendment, H=8439, to House File  
1 2 2539, as amended, passed, and reprinted by the House,  
1 3 as follows:  
1 4 #1. By striking page 1, line 3, through page 42,  
1 5 line 14, and inserting the following:  
1 6 <#\_\_\_\_. By striking everything after the enacting  
1 7 clause and inserting the following:  
1 8 <DIVISION I  
1 9 HEALTH CARE COVERAGE INTENT  
1 10 Section 1. DECLARATION OF INTENT.  
1 11 1. It is the intent of the general assembly to  
1 12 progress toward achievement of the goal that all  
1 13 Iowans have health care coverage with the following  
1 14 priorities:  
1 15 a. The goal that all children in the state have  
1 16 health care coverage which meets certain standards of  
1 17 quality and affordability with the following  
1 18 priorities:  
1 19 (1) Covering all children who are declared  
1 20 eligible for the medical assistance program or the  
1 21 hawk=i program pursuant to chapter 514I no later than  
1 22 January 1, 2011.  
1 23 (2) Building upon the current hawk=i program by  
1 24 creating a hawk=i expansion program to provide  
1 25 coverage to children who meet the hawk=i program's  
1 26 eligibility criteria but whose income is at or below  
1 27 three hundred percent of the federal poverty level,  
1 28 beginning July 1, 2009.  
1 29 (3) If federal reauthorization of the state  
1 30 children's health insurance program provides  
1 31 sufficient federal allocations to the state and  
1 32 authorization to cover such children as an option  
1 33 under the state children's health insurance program,  
1 34 requiring the department of human services to expand  
1 35 coverage under the state children's health insurance  
1 36 program to cover children with family incomes at or  
1 37 below three hundred percent of the federal poverty  
1 38 level, with appropriate cost sharing established for  
1 39 families with incomes above two hundred percent of the  
1 40 federal poverty level.  
1 41 b. The goal that the Iowa comprehensive health  
1 42 insurance association, in consultation with the Iowa  
1 43 choice health care coverage advisory council  
1 44 established in section 514E.6, develop a comprehensive  
1 45 plan to first cover all children without health care  
1 46 coverage that utilizes and modifies existing public  
1 47 programs including the medical assistance program, the  
1 48 hawk=i program, and the hawk=i expansion program, and  
1 49 then to provide access to private unsubsidized,  
1 50 affordable, qualified health care coverage for  
2 1 children, adults, and families, who are not otherwise  
2 2 eligible for health care coverage through public  
2 3 programs, that is available for purchase by January 1,  
2 4 2010.  
2 5 c. The goal of decreasing health care costs and  
2 6 health care coverage costs by instituting health  
2 7 insurance reforms that assure the availability of  
2 8 private health insurance coverage for Iowans by  
2 9 addressing issues involving guaranteed availability  
2 10 and issuance to applicants, preexisting condition  
2 11 exclusions, portability, and allowable or required  
2 12 pooling and rating classifications.  
2 13 DIVISION II  
2 14 HAWK=I AND MEDICAID EXPANSION  
2 15 Sec. 2. Section 249A.3, subsection 1, paragraph 1,  
2 16 Code Supplement 2007, is amended to read as follows:  
2 17 1. Is an infant whose income is not more than two  
2 18 hundred percent of the federal poverty level, as  
2 19 defined by the most recently revised income guidelines  
2 20 published by the United States department of health  
2 21 and human services. Additionally, effective July 1,  
2 22 2009, medical assistance shall be provided to an  
2 23 infant whose family income is at or below three  
2 24 hundred percent of the federal poverty level, as

2 25 defined by the most recently revised poverty income  
2 26 guidelines published by the United States department  
2 27 of health and human services, if otherwise eligible.

2 28 Sec. 3. Section 249A.3, Code Supplement 2007, is  
2 29 amended by adding the following new subsection:

2 30 NEW SUBSECTION. 14. Once initial eligibility for  
2 31 the family medical assistance program=related medical  
2 32 assistance is determined for a child described under  
2 33 subsection 1, paragraphs "b", "f", "g", "j", "k", "l",  
2 34 or "n" or under subsection 2, paragraphs "e", "f", or  
2 35 "h", the department shall provide continuous  
2 36 eligibility for a period of up to twelve months, until  
2 37 the child's next annual review of eligibility under  
2 38 the medical assistance program, if the child would  
2 39 otherwise be determined ineligible due to excess  
2 40 countable income but otherwise remains eligible.

2 41 Sec. 4. NEW SECTION. 422.12K INCOME TAX FORM ==  
2 42 INDICATION OF DEPENDENT CHILD HEALTH CARE COVERAGE.

2 43 1. The director shall draft the income tax form to  
2 44 allow beginning with the tax returns for tax year  
2 45 2008, a person who files an individual or joint income  
2 46 tax return with the department under section 422.13 to  
2 47 indicate the presence or absence of health care  
2 48 coverage for each dependent child for whom an  
2 49 exemption is claimed.

2 50 2. Beginning with the income tax return for tax  
3 1 year 2008, a person who files an individual or joint  
3 2 income tax return with the department under section  
3 3 422.13, may report on the income tax return, in the  
3 4 form required, the presence or absence of health care  
3 5 coverage for each dependent child for whom an  
3 6 exemption is claimed.

3 7 a. If the taxpayer indicates on the income tax  
3 8 return that a dependent child does not have health  
3 9 care coverage, and the income of the taxpayer's tax  
3 10 return does not exceed the highest level of income  
3 11 eligibility standard for the medical assistance  
3 12 program pursuant to chapter 249A or the hawk=i program  
3 13 pursuant to chapter 514I, the department shall send a  
3 14 notice to the taxpayer indicating that the dependent  
3 15 child may be eligible for the medical assistance  
3 16 program or the hawk=i program and providing  
3 17 information about how to enroll in the programs.

3 18 b. Notwithstanding any other provision of law to  
3 19 the contrary, a taxpayer shall not be subject to a  
3 20 penalty for not providing the information required  
3 21 under this section.

3 22 c. The department shall consult with the  
3 23 department of human services in developing the tax  
3 24 return form and the information to be provided to tax  
3 25 filers under this section.

3 26 3. The department, in cooperation with the  
3 27 department of human services, shall adopt rules  
3 28 pursuant to chapter 17A to administer this section,  
3 29 including rules defining "health care coverage" for  
3 30 the purpose of indicating its presence or absence on  
3 31 the tax form.

3 32 4. The department, in cooperation with the  
3 33 department of human services, shall report, annually,  
3 34 to the governor and the general assembly all of the  
3 35 following:

3 36 a. The number of Iowa families, by income level,  
3 37 claiming the state income tax exemption for dependent  
3 38 children.

3 39 b. The number of Iowa families, by income level,  
3 40 claiming the state income tax exemption for dependent  
3 41 children who also indicate the presence or absence of  
3 42 health care coverage for the dependent children.

3 43 c. The effect of the reporting requirements and  
3 44 provision of information requirements under this  
3 45 section on the number and percentage of children in  
3 46 the state who are uninsured.

3 47 Sec. 5. Section 514I.1, subsection 4, Code 2007,  
3 48 is amended to read as follows:

3 49 4. It is the intent of the general assembly that  
3 50 the hawk=i program be an integral part of the  
4 1 continuum of health insurance coverage and that the  
4 2 program be developed and implemented in such a manner  
4 3 as to facilitate movement of families between health  
4 4 insurance providers and to facilitate the transition  
4 5 of families to private sector health insurance

4 6 coverage. It is the intent of the general assembly in  
4 7 developing such continuum of health insurance coverage  
4 8 and in facilitating such transition, that beginning  
4 9 July 1, 2009, the department implement the hawk=i  
4 10 expansion program.

4 11 Sec. 6. Section 514I.1, Code 2007, is amended by  
4 12 adding the following new subsection:

4 13 NEW SUBSECTION. 5. It is the intent of the  
4 14 general assembly that if federal reauthorization of  
4 15 the state children's health insurance program provides  
4 16 sufficient federal allocations to the state and  
4 17 authorization to cover such children as an option  
4 18 under the state children's health insurance program,  
4 19 the department shall expand coverage under the state  
4 20 children's health insurance program to cover children  
4 21 with family incomes at or below three hundred percent  
4 22 of the federal poverty level.

4 23 Sec. 7. Section 514I.2, Code 2007, is amended by  
4 24 adding the following new subsection:

4 25 NEW SUBSECTION. 7A. "Hawk=i expansion program" or  
4 26 "hawk=i expansion" means the healthy and well kids in  
4 27 Iowa expansion program created in section 514I.12 to  
4 28 provide health insurance to children who meet the  
4 29 hawk=i program eligibility criteria pursuant to  
4 30 section 514I.8, with the exception of the family  
4 31 income criteria, and whose family income is at or  
4 32 below three hundred percent of the federal poverty  
4 33 level, as defined by the most recently revised poverty  
4 34 income guidelines published by the United States  
4 35 department of health and human services.

4 36 Sec. 8. Section 514I.5, subsection 7, paragraph d,  
4 37 Code Supplement 2007, is amended to read as follows:

4 38 d. Develop, with the assistance of the department,  
4 39 an outreach plan, and provide for periodic assessment  
4 40 of the effectiveness of the outreach plan. The plan  
4 41 shall provide outreach to families of children likely  
4 42 to be eligible for assistance under the program, to  
4 43 inform them of the availability of and to assist the  
4 44 families in enrolling children in the program. The  
4 45 outreach efforts may include, but are not limited to,  
4 46 solicitation of cooperation from programs, agencies,  
4 47 and other persons who are likely to have contact with  
4 48 eligible children, including but not limited to those  
4 49 associated with the educational system, and the  
4 50 development of community plans for outreach and  
5 1 marketing. Other state agencies shall assist the  
5 2 department in data collection related to outreach  
5 3 efforts to potentially eligible children and their  
5 4 families.

5 5 Sec. 9. Section 514I.5, subsection 7, Code  
5 6 Supplement 2007, is amended by adding the following  
5 7 new paragraph:

5 8 NEW PARAGRAPH. 1. Develop options and  
5 9 recommendations to allow children eligible for the  
5 10 hawk=i or hawk=i expansion program to participate in  
5 11 qualified employer=sponsored health plans through a  
5 12 premium assistance program. The options and  
5 13 recommendations shall ensure reasonable alignment  
5 14 between the benefits and costs of the hawk=i and  
5 15 hawk=i expansion programs and the employer=sponsored  
5 16 health plans consistent with federal law. The options  
5 17 and recommendations shall be completed by January 1,  
5 18 2009, and submitted to the governor and the general  
5 19 assembly for consideration as part of the hawk=i and  
5 20 hawk=i expansion programs.

5 21 Sec. 10. Section 514I.7, subsection 2, paragraph  
5 22 a, Code 2007, is amended to read as follows:

5 23 a. Determine individual eligibility for program  
5 24 enrollment based upon review of completed applications  
5 25 and supporting documentation. The administrative  
5 26 contractor shall not enroll a child who has group  
5 27 health coverage ~~or any child who has dropped coverage~~  
5 28 ~~in the previous six months, unless the coverage was~~  
5 29 ~~involuntarily lost or unless the reason for dropping~~  
5 30 ~~coverage is allowed by rule of the board.~~

5 31 Sec. 11. Section 514I.8, subsection 1, Code 2007,  
5 32 is amended to read as follows:

5 33 1. Effective July 1, 1998, and notwithstanding any  
5 34 medical assistance program eligibility criteria to the  
5 35 contrary, medical assistance shall be provided to, or  
5 36 on behalf of, an eligible child under the age of

5 37 nineteen whose family income does not exceed one  
5 38 hundred thirty=three percent of the federal poverty  
5 39 level, as defined by the most recently revised poverty  
5 40 income guidelines published by the United States  
5 41 department of health and human services.  
5 42 Additionally, effective July 1, 2000, and  
5 43 notwithstanding any medical assistance program  
5 44 eligibility criteria to the contrary, medical  
5 45 assistance shall be provided to, or on behalf of, an  
5 46 eligible infant whose family income does not exceed  
5 47 two hundred percent of the federal poverty level, as  
5 48 defined by the most recently revised poverty income  
5 49 guidelines published by the United States department  
5 50 of health and human services. Effective July 1, 2009,  
6 1 and notwithstanding any medical assistance program  
6 2 eligibility criteria to the contrary, medical  
6 3 assistance shall be provided to, or on behalf of, an  
6 4 eligible infant whose family income is at or below  
6 5 three hundred percent of the federal poverty level, as  
6 6 defined by the most recently revised poverty income  
6 7 guidelines published by the United States department  
6 8 of health and human services.

6 9 Sec. 12. Section 514I.10, subsection 2, Code 2007,  
6 10 is amended to read as follows:

6 11 2. Cost sharing for eligible children whose family  
6 12 income equals ~~or exceeds~~ one hundred fifty percent but  
6 13 does not exceed two hundred percent of the federal  
6 14 poverty level may include a premium or copayment  
6 15 amount which does not exceed five percent of the  
6 16 annual family income. The amount of any premium or  
6 17 the copayment amount shall be based on family income  
6 18 and size.

6 19 Sec. 13. Section 514I.11, subsections 1 and 3,  
6 20 Code 2007, are amended to read as follows:

6 21 1. A hawk=i trust fund is created in the state  
6 22 treasury under the authority of the department of  
6 23 human services, in which all appropriations and other  
6 24 revenues of the program and the hawk=i expansion  
6 25 program such as grants, contributions, and participant  
6 26 payments shall be deposited and used for the purposes  
6 27 of the program and the hawk=i expansion program. The  
6 28 moneys in the fund shall not be considered revenue of  
6 29 the state, but rather shall be funds of the program.

6 30 3. Moneys in the fund are appropriated to the  
6 31 department and shall be used to offset any program and  
6 32 hawk=i expansion program costs.

6 33 Sec. 14. NEW SECTION. 514I.12 HAWK=I EXPANSION  
6 34 PROGRAM.

6 35 1. All children less than nineteen years of age  
6 36 who meet the hawk=i program eligibility criteria  
6 37 pursuant to section 514I.8, with the exception of the  
6 38 family income criteria, and whose family income is at  
6 39 or below three hundred percent of the federal poverty  
6 40 level, shall be eligible for the hawk=i expansion  
6 41 program.

6 42 2. To the greatest extent possible, the provisions  
6 43 of section 514I.4, relating to the director and  
6 44 department duties and powers, section 514I.5 relating  
6 45 to the hawk=i board, section 514I.6 relating to  
6 46 participating insurers, and section 514I.7 relating to  
6 47 the administrative contractor shall apply to the  
6 48 hawk=i expansion program. The department shall adopt  
6 49 any rules necessary, pursuant to chapter 17A, and  
6 50 shall amend any existing contracts to facilitate the  
7 1 application of such sections to the hawk=i expansion  
7 2 program.

7 3 3. The hawk=i board shall establish by rule  
7 4 pursuant to chapter 17A, the cost=sharing amounts,  
7 5 criteria for modification of the cost=sharing amounts,  
7 6 and graduated premiums for children under the hawk=i  
7 7 expansion program.

7 8 Sec. 15. MAXIMIZATION OF ENROLLMENT AND RETENTION  
7 9 == MEDICAL ASSISTANCE AND HAWK=I PROGRAMS.

7 10 1. The department of human services, in  
7 11 collaboration with the department of education, the  
7 12 department of public health, the division of insurance  
7 13 of the department of commerce, the hawk=i board,  
7 14 consumers who are not recipients of or advocacy groups  
7 15 representing recipients of the medical assistance or  
7 16 hawk-i program, the covering kids and families  
7 17 coalition, and the covering kids now task force, shall

7 18 develop a plan to maximize enrollment and retention of  
7 19 eligible children in the hawk=i and medical assistance  
7 20 programs. In developing the plan, the collaborative  
7 21 shall review, at a minimum, all of the following  
7 22 strategies:

7 23 a. Streamlined enrollment in the hawk=i and  
7 24 medical assistance programs. The collaborative shall  
7 25 identify information and documentation that may be  
7 26 shared across departments and programs to simplify the  
7 27 determination of eligibility or eligibility factors,  
7 28 and any interagency agreements necessary to share  
7 29 information consistent with state and federal  
7 30 confidentiality and other applicable requirements.

7 31 b. Conditional eligibility for the hawk=i and  
7 32 medical assistance programs.

7 33 c. Expedited renewal for the hawk=i and medical  
7 34 assistance programs.

7 35 2. Following completion of the review the  
7 36 department of human services shall compile the plan  
7 37 which shall address all of the following relative to  
7 38 implementation of the strategies specified in  
7 39 subsection 1:

7 40 a. Federal limitations and quantifying of the risk  
7 41 of federal disallowance.

7 42 b. Any necessary amendment of state law or rule.

7 43 c. Budgetary implications and cost=benefit  
7 44 analyses.

7 45 d. Any medical assistance state plan amendments,  
7 46 waivers, or other federal approval necessary.

7 47 e. An implementation time frame.

7 48 3. The department of human services shall submit  
7 49 the plan to the governor and the general assembly no  
7 50 later than December 1, 2008.

8 1 Sec. 16. MEDICAL ASSISTANCE, HAWK=I, AND HAWK=I  
8 2 EXPANSION PROGRAMS == COVERING CHILDREN ==  
8 3 APPROPRIATION. There is appropriated from the general  
8 4 fund of the state to the department of human services  
8 5 for the designated fiscal years, the following  
8 6 amounts, or so much thereof as is necessary, for the  
8 7 purpose designated:

8 8 To cover children as provided in this Act under the  
8 9 medical assistance, hawk=i, and hawk=i expansion  
8 10 programs and outreach under the current structure of  
8 11 the programs:  
8 12 FY 2008=2009 ..... \$ 4,800,000  
8 13 FY 2009=2010 ..... \$ 14,800,000  
8 14 FY 2010=2011 ..... \$ 24,800,000

8 15 DIVISION III  
8 16 IOWA CHOICE HEALTH CARE COVERAGE  
8 17 AND ADVISORY COUNCIL

8 18 Sec. 17. Section 514E.1, Code 2007, is amended by  
8 19 adding the following new subsections:

8 20 NEW SUBSECTION. 14A. "Iowa choice health care  
8 21 coverage advisory council" or "advisory council" means  
8 22 the advisory council created in section 514E.6.

8 23 NEW SUBSECTION. 21. "Qualified health care  
8 24 coverage" means creditable coverage which meets  
8 25 minimum standards of quality and affordability as  
8 26 determined by the association by rule.

8 27 Sec. 18. Section 514E.2, subsection 3, unnumbered  
8 28 paragraph 1, Code 2007, is amended to read as follows:

8 29 The association shall submit to the commissioner a  
8 30 plan of operation for the association and any  
8 31 amendments necessary or suitable to assure the fair,  
8 32 reasonable, and equitable administration of the  
8 33 association. The plan of operation shall include  
8 34 provisions for the development of a comprehensive  
8 35 health care coverage plan as provided in section  
8 36 514E.5. In developing the comprehensive plan the  
8 37 association shall give deference to the  
8 38 recommendations made by the advisory council as  
8 39 provided in section 514E.6, subsection 1. The  
8 40 association shall approve or disapprove but shall not  
8 41 modify recommendations made by the advisory council.  
8 42 Recommendations that are approved shall be included in  
8 43 the plan of operation submitted to the commissioner.  
8 44 Recommendations that are disapproved shall be  
8 45 submitted to the commissioner with reasons for the  
8 46 disapproval. The plan of operation becomes effective  
8 47 upon approval in writing by the commissioner prior to  
8 48 the date on which the coverage under this chapter must

8 49 be made available. After notice and hearing, the  
8 50 commissioner shall approve the plan of operation if  
9 1 the plan is determined to be suitable to assure the  
9 2 fair, reasonable, and equitable administration of the  
9 3 association, and provides for the sharing of  
9 4 association losses, if any, on an equitable and  
9 5 proportionate basis among the member carriers. If the  
9 6 association fails to submit a suitable plan of  
9 7 operation within one hundred eighty days after the  
9 8 appointment of the board of directors, or if at any  
9 9 later time the association fails to submit suitable  
9 10 amendments to the plan, the commissioner shall adopt,  
9 11 pursuant to chapter 17A, rules necessary to implement  
9 12 this section. The rules shall continue in force until  
9 13 modified by the commissioner or superseded by a plan  
9 14 submitted by the association and approved by the  
9 15 commissioner. In addition to other requirements, the  
9 16 plan of operation shall provide for all of the  
9 17 following:

9 18 Sec. 19. NEW SECTION. 514E.5 IOWA CHOICE HEALTH  
9 19 CARE COVERAGE.

9 20 1. The association, in consultation with the Iowa  
9 21 choice health care coverage advisory council, shall  
9 22 develop a comprehensive health care coverage plan to  
9 23 provide health care coverage to all children without  
9 24 such coverage, that utilizes and modifies existing  
9 25 public programs including the medical assistance  
9 26 program, hawk=i program, and hawk=i expansion program,  
9 27 and to provide access to private unsubsidized,  
9 28 affordable, qualified health care coverage to children  
9 29 who are not otherwise eligible for health care  
9 30 coverage through public programs.

9 31 2. The comprehensive plan developed by the  
9 32 association and the advisory council, shall also  
9 33 develop and recommend options to provide access to  
9 34 private unsubsidized, affordable, qualified health  
9 35 care coverage to all Iowa children less than nineteen  
9 36 years of age with a family income that is more three  
9 37 hundred percent of the federal poverty level and to  
9 38 adults and families who are not otherwise eligible for  
9 39 health care coverage through public programs.

9 40 3. As part of the comprehensive plan developed,  
9 41 the association, in consultation with the advisory  
9 42 council, shall define what constitutes qualified  
9 43 health care coverage for children less than nineteen  
9 44 years of age. For the purposes of this definition and  
9 45 for designing health care coverage options for  
9 46 children, the association, in consultation with the  
9 47 advisory council, shall recommend the benefits to be  
9 48 included in such coverage and shall explore the value  
9 49 of including coverage for the treatment of mental and  
9 50 behavioral disorders. The association and the  
10 1 advisory council shall perform a cost analysis as part  
10 2 of their consideration of benefit options. The  
10 3 association and the advisory council shall also  
10 4 consider whether to include coverage of the following  
10 5 benefits:

- 10 6 a. Inpatient hospital services including medical,  
10 7 surgical, intensive care unit, mental health, and  
10 8 substance abuse services.
- 10 9 b. Nursing care services including skilled nursing  
10 10 facility services.
- 10 11 c. Outpatient hospital services including  
10 12 emergency room, surgery, lab, and x-ray services and  
10 13 other services.
- 10 14 d. Physician services, including surgical and  
10 15 medical, office visits, newborn care, well=baby and  
10 16 well=child care, immunizations, urgent care,  
10 17 specialist care, allergy testing and treatment, mental  
10 18 health visits, and substance abuse visits.
- 10 19 e. Ambulance services.
- 10 20 f. Physical therapy.
- 10 21 g. Speech therapy.
- 10 22 h. Durable medical equipment.
- 10 23 i. Home health care.
- 10 24 j. Hospice services.
- 10 25 k. Prescription drugs.
- 10 26 l. Dental services including preventive services.
- 10 27 m. Medically necessary hearing services.
- 10 28 n. Vision services including corrective lenses.
- 10 29 o. No underwriting requirements and no preexisting

10 30 condition exclusions.  
10 31 p. Chiropractic services.  
10 32 4. As part of the comprehensive plan developed,  
10 33 the association, in consultation with the advisory  
10 34 council, shall consider and recommend whether health  
10 35 care coverage options that are developed for purchase  
10 36 for children less than nineteen years of age with a  
10 37 family income that is more than three hundred percent  
10 38 of the federal poverty level should require a  
10 39 copayment for services received in an amount  
10 40 determined by the association.  
10 41 5. As part of the comprehensive plan, the  
10 42 association, in consultation with the advisory  
10 43 council, shall define what constitutes qualified  
10 44 health care coverage for adults and families who are  
10 45 not eligible for a public program. The association,  
10 46 in consultation with the advisory council, shall  
10 47 develop and recommend health care coverage options for  
10 48 purchase by such adults and families that provide a  
10 49 selection of health benefit plans and standardized  
10 50 benefits.  
11 1 6. As part of the comprehensive plan the  
11 2 association and the advisory council may collaborate  
11 3 with health insurance carriers to do the following,  
11 4 including but not limited to:  
11 5 a. Design solutions to issues relating to  
11 6 guaranteed issuance of insurance, preexisting  
11 7 condition exclusions, portability, and allowable  
11 8 pooling and rating classifications.  
11 9 b. Formulate principles that ensure fair and  
11 10 appropriate practices relating to issues involving  
11 11 individual health care policies such as rescission and  
11 12 preexisting condition clauses, and that provide for a  
11 13 binding third-party review process to resolve disputes  
11 14 related to such issues.  
11 15 c. Design affordable, portable health care  
11 16 coverage options for low-income children, adults, and  
11 17 families.  
11 18 d. Design a proposed premium schedule for health  
11 19 care coverage options that are recommended which  
11 20 include the development of rating factors that are  
11 21 consistent with market conditions.  
11 22 e. Design protocols to limit the transfer from  
11 23 employer-sponsored or other private health care  
11 24 coverage to state-developed health care coverage  
11 25 plans.  
11 26 7. The association shall submit the comprehensive  
11 27 plan required by this section to the governor and the  
11 28 general assembly by December 15, 2008. The  
11 29 appropriations to cover children under the medical  
11 30 assistance, hawk=i, and hawk=i expansion programs as  
11 31 provided in this Act and to provide related outreach  
11 32 for fiscal year 2009=2010 and fiscal year 2010=2011  
11 33 are contingent upon enactment of a comprehensive plan  
11 34 during the 2009 regular session of the Eighty-third  
11 35 General Assembly that provides health care coverage  
11 36 for all children in the state. Enactment of a  
11 37 comprehensive plan shall include a determination of  
11 38 what the prospects are of federal action which may  
11 39 impact the comprehensive plan and the fiscal impact of  
11 40 the comprehensive plan on the state budget.  
11 41 Sec. 20. NEW SECTION. 514E.6 IOWA CHOICE HEALTH  
11 42 CARE COVERAGE ADVISORY COUNCIL.  
11 43 1. The Iowa choice health care coverage advisory  
11 44 council is created for the purpose of assisting the  
11 45 association with developing a comprehensive health  
11 46 care coverage plan as provided in section 514E.5. The  
11 47 advisory council shall make recommendations concerning  
11 48 the design and implementation of the comprehensive  
11 49 plan including but not limited to a definition of what  
11 50 constitutes qualified health care coverage,  
12 1 suggestions for the design of health care coverage  
12 2 options, and implementation of a health care coverage  
12 3 reporting requirement.  
12 4 2. The advisory council consists of the following  
12 5 persons who are voting members unless otherwise  
12 6 provided:  
12 7 a. The two most recent former governors, or if one  
12 8 or both of them are unable or unwilling to serve, a  
12 9 person or persons appointed by the governor.  
12 10 b. Seven members appointed by the director of

12 11 public health:  
12 12 (1) A representative of the federation of Iowa  
12 13 insurers.  
12 14 (2) A health economist who resides in Iowa.  
12 15 (3) Two consumers, one of whom shall be a  
12 16 representative of a children's advocacy organization  
12 17 and one of whom shall be a member of a minority.  
12 18 (4) A representative of organized labor.  
12 19 (5) A representative of an organization of  
12 20 employers.  
12 21 (6) A representative of the Iowa association of  
12 22 health underwriters.  
12 23 c. The following members shall be ex officio,  
12 24 nonvoting members of the council:  
12 25 (1) The commissioner of insurance, or a designee.  
12 26 (2) The director of human services, or a designee.  
12 27 (3) The director of public health, or a designee.  
12 28 (4) Four members of the general assembly, one  
12 29 appointed by the speaker of the house of  
12 30 representatives, one appointed by the minority leader  
12 31 of the house of representatives, one appointed by the  
12 32 majority leader of the senate, and one appointed by  
12 33 the minority leader of the senate.  
12 34 3. The members of the council appointed by the  
12 35 director of public health shall be appointed for terms  
12 36 of six years beginning and ending as provided in  
12 37 section 69.19. Such a member of the board is eligible  
12 38 for reappointment. The director shall fill a vacancy  
12 39 for the remainder of the unexpired term.  
12 40 4. The members of the council shall annually elect  
12 41 one voting member as chairperson and one as vice  
12 42 chairperson. Meetings of the council shall be held at  
12 43 the call of the chairperson or at the request of a  
12 44 majority of the council's members.  
12 45 5. The members of the council shall not receive  
12 46 compensation for the performance of their duties as  
12 47 members but each member shall be paid necessary  
12 48 expenses while engaged in the performance of duties of  
12 49 the council. Any legislative member shall be paid the  
12 50 per diem and expenses specified in section 2.10.  
13 1 6. The members of the council are subject to and  
13 2 are officials within the meaning of chapter 68B.

13 3 DIVISION IV

13 4 HEALTH INSURANCE OVERSIGHT

13 5 Sec. 21. Section 505.8, Code Supplement 2007, is  
13 6 amended by adding the following new subsection:  
13 7 NEW SUBSECTION. 5A. The commissioner shall have  
13 8 regulatory authority over health benefit plans and  
13 9 adopt rules under chapter 17A as necessary, to promote  
13 10 the uniformity, cost efficiency, transparency, and  
13 11 fairness of such plans for physicians licensed under  
13 12 chapters 148, 150, and 150A, and hospitals licensed  
13 13 under chapter 135B, for the purpose of maximizing  
13 14 administrative efficiencies and minimizing  
13 15 administrative costs of health care providers and  
13 16 health insurers.

13 17 Sec. 22. HEALTH INSURANCE OVERSIGHT ==  
13 18 APPROPRIATION. There is appropriated from the general  
13 19 fund of the state to the insurance division of the  
13 20 department of commerce for the fiscal year beginning  
13 21 July 1, 2008, and ending June 30, 2009, the following  
13 22 amount, or so much thereof as is necessary, for the  
13 23 purpose designated:

13 24 For identification and regulation of procedures and  
13 25 practices related to health care as provided in  
13 26 section 505.8, subsection 5A:

13 27 ..... \$ 80,000

13 28 DIVISION V

13 29 IOWA HEALTH INFORMATION TECHNOLOGY SYSTEM

13 30 DIVISION XXI

13 31 IOWA HEALTH INFORMATION TECHNOLOGY SYSTEM

13 32 Sec. 23. NEW SECTION. 135.154 DEFINITIONS.  
13 33 As used in this division, unless the context  
13 34 otherwise requires:

- 13 35 1. "Board" means the state board of health created  
13 36 pursuant to section 136.1.
- 13 37 2. "Department" means the department of public  
13 38 health.
- 13 39 3. "Health care professional" means a person who  
13 40 is licensed, certified, or otherwise authorized or  
13 41 permitted by the law of this state to administer

13 42 health care in the ordinary course of business or in  
13 43 the practice of a profession.

13 44 4. "Health information technology" means the  
13 45 application of information processing, involving both  
13 46 computer hardware and software, that deals with the  
13 47 storage, retrieval, sharing, and use of health care  
13 48 information, data, and knowledge for communication,  
13 49 decision making, quality, safety, and efficiency of  
13 50 clinical practice, and may include but is not limited  
14 1 to:

14 2 a. An electronic health record that electronically  
14 3 compiles and maintains health information that may be  
14 4 derived from multiple sources about the health status  
14 5 of an individual and may include a core subset of each  
14 6 care delivery organization's electronic medical record  
14 7 such as a continuity of care record or a continuity of  
14 8 care document, computerized physician order entry,  
14 9 electronic prescribing, or clinical decision support.

14 10 b. A personal health record through which an  
14 11 individual and any other person authorized by the  
14 12 individual can maintain and manage the individual's  
14 13 health information.

14 14 c. An electronic medical record that is used by  
14 15 health care professionals to electronically document,  
14 16 monitor, and manage health care delivery within a care  
14 17 delivery organization, is the legal record of the  
14 18 patient's encounter with the care delivery  
14 19 organization, and is owned by the care delivery  
14 20 organization.

14 21 d. A computerized provider order entry function  
14 22 that permits the electronic ordering of diagnostic and  
14 23 treatment services, including prescription drugs.

14 24 e. A decision support function to assist  
14 25 physicians and other health care providers in making  
14 26 clinical decisions by providing electronic alerts and  
14 27 reminders to improve compliance with best practices,  
14 28 promote regular screenings and other preventive  
14 29 practices, and facilitate diagnoses and treatments.

14 30 f. Tools to allow for the collection, analysis,  
14 31 and reporting of information or data on adverse  
14 32 events, the quality and efficiency of care, patient  
14 33 satisfaction, and other health care-related  
14 34 performance measures.

14 35 5. "Interoperability" means the ability of two or  
14 36 more systems or components to exchange information or  
14 37 data in an accurate, effective, secure, and consistent  
14 38 manner and to use the information or data that has  
14 39 been exchanged and includes but is not limited to:

14 40 a. The capacity to connect to a network for the  
14 41 purpose of exchanging information or data with other  
14 42 users.

14 43 b. The ability of a connected, authenticated user  
14 44 to demonstrate appropriate permissions to participate  
14 45 in the instant transaction over the network.

14 46 c. The capacity of a connected, authenticated user  
14 47 to access, transmit, receive, and exchange usable  
14 48 information with other users.

14 49 6. "Recognized interoperability standard" means  
14 50 interoperability standards recognized by the office of  
15 1 the national coordinator for health information  
15 2 technology of the United States department of health  
15 3 and human services.

15 4 Sec. 24. NEW SECTION. 135.155 IOWA ELECTRONIC  
15 5 HEALTH == PRINCIPLES == GOALS.

15 6 1. Health information technology is rapidly  
15 7 evolving so that it can contribute to the goals of  
15 8 improving access to and quality of health care,  
15 9 enhancing efficiency, and reducing costs.

15 10 2. To be effective, the health information  
15 11 technology system shall comply with all of the  
15 12 following principles:

15 13 a. Be patient-centered and market-driven.

15 14 b. Be based on approved standards developed with  
15 15 input from all stakeholders.

15 16 c. Protect the privacy of consumers and the  
15 17 security and confidentiality of all health  
15 18 information.

15 19 d. Promote interoperability.

15 20 e. Ensure the accuracy, completeness, and  
15 21 uniformity of data.

15 22 3. Widespread adoption of health information

15 23 technology is critical to a successful health  
15 24 information technology system and is best achieved  
15 25 when all of the following occur:  
15 26 a. The market provides a variety of certified  
15 27 products from which to choose in order to best fit the  
15 28 needs of the user.  
15 29 b. The system provides incentives for health care  
15 30 professionals to utilize the health information  
15 31 technology and provides rewards for any improvement in  
15 32 quality and efficiency resulting from such  
15 33 utilization.  
15 34 c. The system provides protocols to address  
15 35 critical problems.  
15 36 d. The system is financed by all who benefit from  
15 37 the improved quality, efficiency, savings, and other  
15 38 benefits that result from use of health information  
15 39 technology.

15 40 Sec. 25. NEW SECTION. 135.156 ELECTRONIC HEALTH  
15 41 INFORMATION == DEPARTMENT DUTIES == ADVISORY COUNCIL  
15 42 == EXECUTIVE COMMITTEE.

15 43 1. a. The department shall direct a public and  
15 44 private collaborative effort to promote the adoption  
15 45 and use of health information technology in this state  
15 46 in order to improve health care quality, increase  
15 47 patient safety, reduce health care costs, enhance  
15 48 public health, and empower individuals and health care  
15 49 professionals with comprehensive, real-time medical  
15 50 information to provide continuity of care and make the  
16 1 best health care decisions. The department shall  
16 2 provide coordination for the development and  
16 3 implementation of an interoperable electronic health  
16 4 records system, telehealth expansion efforts, the  
16 5 health information technology infrastructure, and  
16 6 other health information technology initiatives in  
16 7 this state. The department shall be guided by the  
16 8 principles and goals specified in section 135.155.

16 9 b. All health information technology efforts shall  
16 10 endeavor to represent the interests and meet the needs  
16 11 of consumers and the health care sector, protect the  
16 12 privacy of individuals and the confidentiality of  
16 13 individuals' information, promote physician best  
16 14 practices, and make information easily accessible to  
16 15 the appropriate parties. The system developed shall  
16 16 be consumer-driven, flexible, and expandable.

16 17 2. a. An electronic health information advisory  
16 18 council is established which shall consist of the  
16 19 representatives of entities involved in the electronic  
16 20 health records system task force established pursuant  
16 21 to section 217.41A, Code 2007, a pharmacist, a  
16 22 licensed practicing physician, a consumer who is a  
16 23 member of the state board of health, a representative  
16 24 of the state's Medicare quality improvement  
16 25 organization, the executive director of the Iowa  
16 26 communications network, a representative of the  
16 27 private telecommunications industry, a representative  
16 28 of the Iowa collaborative safety net provider network  
16 29 created in section 135.153, a nurse informaticist from  
16 30 the university of Iowa, and any other members the  
16 31 department or executive committee of the advisory  
16 32 council determine necessary to assist the department  
16 33 or executive committee at various stages of  
16 34 development of the electronic health information  
16 35 system. Executive branch agencies shall also be  
16 36 included as necessary to assist in the duties of the  
16 37 department and the executive committee. Public  
16 38 members of the advisory council shall receive  
16 39 reimbursement for actual expenses incurred while  
16 40 serving in their official capacity only if they are  
16 41 not eligible for reimbursement by the organization  
16 42 that they represent. Any legislative members shall be  
16 43 paid the per diem and expenses specified in section  
16 44 2.10.

16 45 b. An executive committee of the electronic health  
16 46 information advisory council is established. Members  
16 47 of the executive committee of the advisory council  
16 48 shall receive reimbursement for actual expenses  
16 49 incurred while serving in their official capacity only  
16 50 if they are not eligible for reimbursement by the  
17 1 organization that they represent. The executive  
17 2 committee shall consist of the following members:  
17 3 (1) Three members, each of whom is the chief

17 4 information officer of one of the three largest  
17 5 private health care systems in the state.

17 6 (2) One member who is a representative of the  
17 7 university of Iowa.

17 8 (3) One member who is a representative of a rural  
17 9 hospital that is a member of the Iowa hospital  
17 10 association.

17 11 (4) One member who is a consumer member of the  
17 12 state board of health.

17 13 (5) One member who is a licensed practicing  
17 14 physician.

17 15 (6) One member who is a health care provider other  
17 16 than a licensed practicing physician.

17 17 (7) A representative of the federation of Iowa  
17 18 insurers.

17 19 3. The executive committee, with the technical  
17 20 assistance of the advisory council and the support of  
17 21 the department shall do all of the following:

17 22 a. Develop a statewide health information  
17 23 technology plan by July 1, 2009. In developing the  
17 24 plan, the executive committee shall seek the input of  
17 25 providers, payers, and consumers. Standards and  
17 26 policies developed for the plan shall promote and be  
17 27 consistent with national standards developed by the  
17 28 office of the national coordinator for health  
17 29 information technology of the United States department  
17 30 of health and human services and shall address or  
17 31 provide for all of the following:

17 32 (1) The effective, efficient, statewide use of  
17 33 electronic health information in patient care, health  
17 34 care policymaking, clinical research, health care  
17 35 financing, and continuous quality improvement. The  
17 36 executive committee shall recommend requirements for  
17 37 interoperable electronic health records in this state  
17 38 including a recognized interoperability standard.

17 39 (2) Education of the public and health care sector  
17 40 about the value of health information technology in  
17 41 improving patient care, and methods to promote  
17 42 increased support and collaboration of state and local  
17 43 public health agencies, health care professionals, and  
17 44 consumers in health information technology  
17 45 initiatives.

17 46 (3) Standards for the exchange of health care  
17 47 information.

17 48 (4) Policies relating to the protection of privacy  
17 49 of patients and the security and confidentiality of  
17 50 patient information.

18 1 (5) Policies relating to information ownership.

18 2 (6) Policies relating to governance of the various  
18 3 facets of the health information technology system.

18 4 (7) A single patient identifier or alternative  
18 5 mechanism to share secure patient information. If no  
18 6 alternative mechanism is acceptable to the executive  
18 7 committee, all health care professionals shall utilize  
18 8 the mechanism selected by the executive committee by  
18 9 July 1, 2010.

18 10 (8) A standard continuity of care record and other  
18 11 issues related to the content of electronic  
18 12 transmissions. All health care professionals shall  
18 13 utilize the standard continuity of care record by July  
18 14 1, 2010.

18 15 (9) Requirements for electronic prescribing.

18 16 (10) Economic incentives and support to facilitate  
18 17 participation in an interoperable system by health  
18 18 care professionals.

18 19 b. Identify existing and potential health  
18 20 information technology efforts in this state,  
18 21 regionally, and nationally, and integrate existing  
18 22 efforts to avoid incompatibility between efforts and  
18 23 avoid duplication.

18 24 c. Coordinate public and private efforts to  
18 25 provide the network backbone infrastructure for the  
18 26 health information technology system. In coordinating  
18 27 these efforts, the executive committee shall do all of  
18 28 the following:

18 29 (1) Develop policies to effectuate the logical  
18 30 cost-effective usage of and access to the state-owned  
18 31 network, and support of telecommunication carrier  
18 32 products, where applicable.

18 33 (2) Consult with the Iowa communications network,  
18 34 private fiberoptic networks, and any other

18 35 communications entity to seek collaboration, avoid  
 18 36 duplication, and leverage opportunities in developing  
 18 37 a backbone network.  
 18 38 (3) Establish protocols to ensure compliance with  
 18 39 any applicable federal standards.  
 18 40 (4) Determine costs for accessing the network at a  
 18 41 level that provides sufficient funding for the  
 18 42 network.  
 18 43 d. Promote the use of telemedicine.  
 18 44 (1) Examine existing barriers to the use of  
 18 45 telemedicine and make recommendations for eliminating  
 18 46 these barriers.  
 18 47 (2) Examine the most efficient and effective  
 18 48 systems of technology for use and make recommendations  
 18 49 based on the findings.  
 18 50 e. Address the workforce needs generated by  
 19 1 increased use of health information technology.  
 19 2 f. Recommend rules to be adopted in accordance  
 19 3 with chapter 17A to implement all aspects of the  
 19 4 statewide health information technology plan and the  
 19 5 network.  
 19 6 g. Coordinate, monitor, and evaluate the adoption,  
 19 7 use, interoperability, and efficiencies of the various  
 19 8 facets of health information technology in this state.  
 19 9 h. Seek and apply for any federal or private  
 19 10 funding to assist in the implementation and support of  
 19 11 the health information technology system and make  
 19 12 recommendations for funding mechanisms for the ongoing  
 19 13 development and maintenance costs of the health  
 19 14 information technology system.  
 19 15 i. Identify state laws and rules that present  
 19 16 barriers to the development of the health information  
 19 17 technology system and recommend any changes to the  
 19 18 governor and the general assembly.

19 19 4. Recommendations and other activities resulting  
 19 20 from the work of the executive committee shall be  
 19 21 presented to the board for action or implementation.

19 22 Sec. 26. Section 8D.13, Code 2007, is amended by  
 19 23 adding the following new subsection:  
 19 24 NEW SUBSECTION. 20. Access shall be offered to  
 19 25 the Iowa hospital association only for the purposes of  
 19 26 collection, maintenance, and dissemination of health  
 19 27 and financial data for hospitals and for hospital  
 19 28 education services. The Iowa hospital association  
 19 29 shall be responsible for all costs associated with  
 19 30 becoming part of the network, as determined by the  
 19 31 commission.

19 32 Sec. 27. Section 136.3, Code 2007, is amended by  
 19 33 adding the following new subsection:  
 19 34 NEW SUBSECTION. 11. Perform those duties  
 19 35 authorized pursuant to section 135.156.

19 36 Sec. 28. Section 217.41A, Code 2007, is repealed.

19 37 Sec. 29. IOWA HEALTH INFORMATION TECHNOLOGY SYSTEM  
 19 38 == APPROPRIATION. There is appropriated from the  
 19 39 general fund of the state to the department of public  
 19 40 health for the fiscal year beginning July 1, 2008, and  
 19 41 ending June 30, 2009, the following amount, or so much  
 19 42 thereof as is necessary, for the purpose designated:

19 43 For administration of the Iowa health information  
 19 44 technology system, and for not more than the following  
 19 45 full-time equivalent positions:  
 19 46 ..... \$ 190,600  
 19 47 ..... FTEs 2.00

19 48 DIVISION VI  
 19 49 LONG-TERM LIVING PLANNING AND  
 19 50 PATIENT AUTONOMY IN HEALTH CARE

20 1 Sec. 30. NEW SECTION. 231.62 END-OF=LIFE CARE  
 20 2 INFORMATION.

20 3 1. The department shall consult with the Iowa  
 20 4 medical society, the Iowa end-of-life coalition, the  
 20 5 Iowa hospice organization, the university of Iowa  
 20 6 palliative care program, and other health care  
 20 7 professionals whose scope of practice includes  
 20 8 end-of-life care to develop educational and  
 20 9 patient-centered information on end-of-life care for  
 20 10 terminally ill patients and health care professionals.

20 11 2. For the purposes of this section, "end-of-life  
 20 12 care" means care provided to meet the physical,  
 20 13 psychological, social, spiritual, and practical needs  
 20 14 of terminally ill patients and their caregivers.

20 15 Sec. 31. END-OF=LIFE CARE INFORMATION ==

20 16 APPROPRIATION. There is appropriated from the general  
20 17 fund of the state to the department of elder affairs  
20 18 for the fiscal year beginning July 1, 2008, and ending  
20 19 June 30, 2009, the following amount, or so much  
20 20 thereof as is necessary, for the purpose designated:  
20 21 For activities associated with the end-of-life care  
20 22 information requirements of this division:  
20 23 ..... \$ 10,000

20 24 Sec. 32. LONG-TERM LIVING PLANNING TOOLS == PUBLIC  
20 25 EDUCATION CAMPAIGN. The legal services development  
20 26 and substitute decision maker programs of the  
20 27 department of elder affairs, in collaboration with  
20 28 other appropriate agencies and interested parties,  
20 29 shall research existing long-term living planning  
20 30 tools that are designed to increase quality of life  
20 31 and contain health care costs and recommend a public  
20 32 education campaign strategy on long-term living to the  
20 33 general assembly by January 1, 2009.

20 34 Sec. 33. LONG-TERM CARE OPTIONS PUBLIC EDUCATION  
20 35 CAMPAIGN. The department of elder affairs, in  
20 36 collaboration with the insurance division of the  
20 37 department of commerce, shall implement a long-term  
20 38 care options public education campaign. The campaign  
20 39 may utilize such tools as the "Own Your Future  
20 40 Planning Kit" administered by the centers for Medicare  
20 41 and Medicaid services, the administration on aging,  
20 42 and the office of the assistant secretary for planning  
20 43 and evaluation of the United States department of  
20 44 health and human services, and other tools developed  
20 45 through the aging and disability resource center  
20 46 program of the administration on aging and the centers  
20 47 for Medicare and Medicaid services designed to promote  
20 48 health and independence as Iowans age, assist older  
20 49 Iowans in making informed choices about the  
20 50 availability of long-term care options, including  
21 1 alternatives to facility-based care, and to streamline  
21 2 access to long-term care.

21 3 Sec. 34. LONG-TERM CARE OPTIONS PUBLIC EDUCATION  
21 4 CAMPAIGN == APPROPRIATION. There is appropriated from  
21 5 the general fund of the state to the department of  
21 6 elder affairs for the fiscal year beginning July 1,  
21 7 2008, and ending June 30, 2009, the following amount,  
21 8 or so much thereof as is necessary, for the purpose  
21 9 designated:  
21 10 For activities associated with the long-term care  
21 11 options public education campaign requirements of this  
21 12 division:  
21 13 ..... \$ 75,000

21 14 Sec. 35. HOME AND COMMUNITY-BASED SERVICES PUBLIC  
21 15 EDUCATION CAMPAIGN. The department of elder affairs  
21 16 shall work with other public and private agencies to  
21 17 identify resources that may be used to continue the  
21 18 work of the aging and disability resource center  
21 19 established by the department through the aging and  
21 20 disability resource center grant program efforts of  
21 21 the administration on aging and the centers for  
21 22 Medicare and Medicaid services of the United States  
21 23 department of health and human services, beyond the  
21 24 federal grant period ending September 30, 2008.

21 25 Sec. 36. PATIENT AUTONOMY IN HEALTH CARE DECISIONS  
21 26 PILOT PROJECT.  
21 27 1. The department of public health shall establish  
21 28 a two-year community coalition for patient treatment  
21 29 wishes across the health care continuum pilot project,  
21 30 beginning July 1, 2008, and ending June 30, 2010, in a  
21 31 county with a population of between fifty thousand and  
21 32 one hundred thousand. The pilot project shall utilize  
21 33 the process based upon the national physicians orders  
21 34 for life sustaining treatment program initiative,  
21 35 including use of a standardized physician order for  
21 36 scope of treatment form. The process shall require  
21 37 validation of the physician order for scope of  
21 38 treatment form by the signature of an individual other  
21 39 than the patient or the patient's legal representative  
21 40 who is not an employee of the patient's physician.  
21 41 The pilot project may include applicability to  
21 42 chronically ill, frail, and elderly or terminally ill  
21 43 individuals in hospitals licensed pursuant to chapter  
21 44 135B, nursing facilities or residential care  
21 45 facilities licensed pursuant to chapter 135C, or  
21 46 hospice programs as defined in section 135J.1.

21 47 2. The department of public health shall convene  
21 48 an advisory council, consisting of representatives of  
21 49 entities with interest in the pilot project, including  
21 50 but not limited to the Iowa hospital association, the  
22 1 Iowa medical society, organizations representing  
22 2 health care facilities, representatives of health care  
22 3 providers, and the Iowa trial lawyers association, to  
22 4 develop recommendations for expanding the pilot  
22 5 project statewide. The advisory council shall report  
22 6 its findings and recommendations, including  
22 7 recommendations for legislation, to the governor and  
22 8 the general assembly by January 1, 2010.

22 9 3. The pilot project shall not alter the rights of  
22 10 individuals who do not execute a physician order for  
22 11 scope of treatment.

22 12 a. If an individual is a qualified patient as  
22 13 defined in section 144A.2, the individual's  
22 14 declaration executed under chapter 144A shall control  
22 15 health care decision making for the individual in  
22 16 accordance with chapter 144A. A physician order for  
22 17 scope of treatment shall not supersede a declaration  
22 18 executed pursuant to chapter 144A. If an individual  
22 19 has not executed a declaration pursuant to chapter  
22 20 144A, health care decision making relating to  
22 21 life-sustaining procedures for the individual shall be  
22 22 governed by section 144A.7.

22 23 b. If an individual has executed a durable power  
22 24 of attorney for health care pursuant to chapter 144B,  
22 25 the individual's durable power of attorney for health  
22 26 care shall control health care decision making for the  
22 27 individual in accordance with chapter 144B. A  
22 28 physician order for scope of treatment shall not  
22 29 supersede a durable power of attorney for health care  
22 30 executed pursuant to chapter 144B.

22 31 c. In the absence of actual notice of the  
22 32 revocation of a physician order for scope of  
22 33 treatment, a physician, health care provider, or any  
22 34 other person who complies with a physician order for  
22 35 scope of treatment shall not be subject to liability,  
22 36 civil or criminal, for actions taken under this  
22 37 section which are in accordance with reasonable  
22 38 medical standards. Any physician, health care  
22 39 provider, or other person against whom criminal or  
22 40 civil liability is asserted because of conduct in  
22 41 compliance with this section may interpose the  
22 42 restriction on liability in this paragraph as an  
22 43 absolute defense.

#### 22 44 DIVISION VII

#### 22 45 HEALTH CARE COVERAGE

22 46 Sec. 37. NEW SECTION. 505.31 REIMBURSEMENT  
22 47 ACCOUNTS.

22 48 The commissioner of insurance shall assist  
22 49 employers with twenty-five or fewer employees with  
22 50 implementing and administering plans under section 125  
23 1 of the Internal Revenue Code, including medical  
23 2 expense reimbursement accounts and dependent care  
23 3 accounts. The commissioner shall provide information  
23 4 about the assistance available to small employers on  
23 5 the insurance division's internet site.

23 6 Sec. 38. Section 509.3, Code 2007, is amended by  
23 7 adding the following new subsection:

23 8 NEW SUBSECTION. 8. A provision that the insurer  
23 9 will permit continuation of existing coverage for an  
23 10 unmarried child of an insured or enrollee who so  
23 11 elects, at least through the policy anniversary date  
23 12 on or after the date the child marries, ceases to be a  
23 13 resident of this state, or attains the age of  
23 14 twenty-five years old, whichever occurs first, or so  
23 15 long as the unmarried child maintains full-time status  
23 16 as a student in an accredited institution of  
23 17 postsecondary education.

23 18 Sec. 39. NEW SECTION. 509A.13B CONTINUATION OF  
23 19 DEPENDENT COVERAGE.

23 20 If a governing body, a county board of supervisors,  
23 21 or a city council has procured accident or health care  
23 22 coverage for its employees under this chapter such  
23 23 coverage shall permit continuation of existing  
23 24 coverage for an unmarried child of an insured or  
23 25 enrollee who so elects, at least through the policy  
23 26 anniversary date on or after the date the child  
23 27 marries, ceases to be a resident of this state, or

23 28 attains the age of twenty=five years old, whichever  
23 29 occurs first, or so long as the unmarried child  
23 30 maintains full=time status as a student in an  
23 31 accredited institution of postsecondary education.  
23 32 Sec. 40. Section 513C.7, subsection 2, paragraph  
23 33 a, Code 2007, is amended to read as follows:  
23 34 ~~a-~~ The individual basic or standard health benefit  
23 35 plan shall not deny, exclude, or limit benefits for a  
23 36 covered individual for losses incurred more than  
23 37 twelve months following the effective date of the  
23 38 individual's coverage due to a preexisting condition.  
23 39 A preexisting condition shall not be defined more  
23 40 restrictively than any of the following:

23 41 (1) a. A condition that would cause an ordinarily  
23 42 prudent person to seek medical advice, diagnosis,  
23 43 care, or treatment during the twelve months  
23 44 immediately preceding the effective date of coverage.

23 45 (2) b. A condition for which medical advice,  
23 46 diagnosis, care, or treatment was recommended or  
23 47 received during the twelve months immediately  
23 48 preceding the effective date of coverage.

23 49 (3) c. A pregnancy existing on the effective date  
23 50 of coverage.

24 1 Sec. 41. Section 513C.7, subsection 2, paragraph  
24 2 b, Code 2007, is amended by striking the paragraph.

24 3 Sec. 42. NEW SECTION. 514A.3B ADDITIONAL  
24 4 REQUIREMENTS.

24 5 1. An insurer which accepts an individual for  
24 6 coverage under an individual policy or contract of  
24 7 accident and health insurance shall waive any time  
24 8 period applicable to a preexisting condition exclusion  
24 9 or limitation period requirement of the policy or  
24 10 contract with respect to particular services in an  
24 11 individual health benefit plan for the period of time  
24 12 the individual was previously covered by qualifying  
24 13 previous coverage as defined in section 513C.3 that  
24 14 provided benefits with respect to such services,  
24 15 provided that the qualifying previous coverage was  
24 16 continuous to a date not more than sixty=three days  
24 17 prior to the effective date of the new policy or  
24 18 contract. For purposes of this section, periods of  
24 19 coverage under medical assistance provided pursuant to  
24 20 chapter 249A or 514I, or Medicare coverage provided  
24 21 pursuant to Title XVIII of the federal Social Security  
24 22 Act shall not be counted with respect to the  
24 23 sixty=three=day requirement.

24 24 2. An insurer issuing an individual policy or  
24 25 contract of accident and health insurance which  
24 26 provides coverage for children of the insured shall  
24 27 permit continuation of existing coverage for an  
24 28 unmarried child of an insured or enrollee who so  
24 29 elects, at least through the policy anniversary date  
24 30 on or after the date the child marries, ceases to be a  
24 31 resident of this state, or attains the age of  
24 32 twenty=five years old, whichever occurs first, or so  
24 33 long as the unmarried child maintains full=time status  
24 34 as a student in an accredited institution of  
24 35 postsecondary education.

24 36 Sec. 43. APPLICABILITY. This division of this Act  
24 37 applies to policies or contracts of accident and  
24 38 health insurance delivered or issued for delivery or  
24 39 continued or renewed in this state on or after July 1,  
24 40 2008.

24 41 DIVISION VIII  
24 42 MEDICAL HOME  
24 43 DIVISION XXII  
24 44 MEDICAL HOME

24 45 Sec. 44. NEW SECTION. 135.157 DEFINITIONS.

24 46 As used in this chapter, unless the context  
24 47 otherwise requires:

24 48 1. "Board" means the state board of health created  
24 49 pursuant to section 136.1.

24 50 2. "Department" means the department of public  
25 1 health.

25 2 3. "Health care professional" means a person who  
25 3 is licensed, certified, or otherwise authorized or  
25 4 permitted by the law of this state to administer  
25 5 health care in the ordinary course of business or in  
25 6 the practice of a profession.

25 7 4. "Medical home" means a team approach to  
25 8 providing health care that originates in a primary

25 9 care setting; fosters a partnership among the patient,  
25 10 the personal provider, and other health care  
25 11 professionals, and where appropriate, the patient's  
25 12 family; utilizes the partnership to access all medical  
25 13 and nonmedical health-related services needed by the  
25 14 patient and the patient's family to achieve maximum  
25 15 health potential; maintains a centralized,  
25 16 comprehensive record of all health-related services to  
25 17 promote continuity of care; and has all of the  
25 18 characteristics specified in section 135.158.

25 19 5. "National committee for quality assurance"  
25 20 means the nationally recognized, independent nonprofit  
25 21 organization that measures the quality and performance  
25 22 of health care and health care plans in the United  
25 23 States; provides accreditation, certification, and  
25 24 recognition programs for health care plans and  
25 25 programs; and is recognized in Iowa as an accrediting  
25 26 organization for commercial and Medicaid-managed care  
25 27 organizations.

25 28 6. "Personal provider" means the patient's first  
25 29 point of contact in the health care system with a  
25 30 primary care provider who identifies the patient's  
25 31 health needs, and, working with a team of health care  
25 32 professionals, provides for and coordinates  
25 33 appropriate care to address the health needs  
25 34 identified.

25 35 7. "Primary care" means health care which  
25 36 emphasizes providing for a patient's general health  
25 37 needs and utilizes collaboration with other health  
25 38 care professionals and consultation or referral as  
25 39 appropriate to meet the needs identified.

25 40 8. "Primary care provider" means any of the  
25 41 following who provide primary care and meet  
25 42 certification standards:

25 43 a. A physician who is a family or general  
25 44 practitioner, a pediatrician, an internist, an  
25 45 obstetrician, or a gynecologist.

25 46 b. An advanced registered nurse practitioner.

25 47 c. A physician assistant.

25 48 d. A chiropractor licensed pursuant to chapter

25 49 151.

25 50 Sec. 45. NEW SECTION. 135.158 MEDICAL HOME  
26 1 PURPOSES == CHARACTERISTICS.

26 2 1. The purposes of a medical home are the  
26 3 following:

26 4 a. To reduce disparities in health care access,  
26 5 delivery, and health care outcomes.

26 6 b. To improve quality of health care and lower  
26 7 health care costs, thereby creating savings to allow  
26 8 more Iowans to have health care coverage and to  
26 9 provide for the sustainability of the health care  
26 10 system.

26 11 c. To provide a tangible method to document if  
26 12 each Iowan has access to health care.

26 13 2. A medical home has all of the following  
26 14 characteristics:

26 15 a. A personal provider. Each patient has an  
26 16 ongoing relationship with a personal provider trained  
26 17 to provide first contact and continuous and  
26 18 comprehensive care.

26 19 b. A provider-directed medical practice. The  
26 20 personal provider leads a team of individuals at the  
26 21 practice level who collectively take responsibility  
26 22 for the ongoing health care of patients.

26 23 c. Whole person orientation. The personal  
26 24 provider is responsible for providing for all of a  
26 25 patient's health care needs or taking responsibility  
26 26 for appropriately arranging health care by other  
26 27 qualified health care professionals. This  
26 28 responsibility includes health care at all stages of  
26 29 life including provision of acute care, chronic care,  
26 30 preventive services, and end-of-life care.

26 31 d. Coordination and integration of care. Care is  
26 32 coordinated and integrated across all elements of the  
26 33 complex health care system and the patient's  
26 34 community. Care is facilitated by registries,  
26 35 information technology, health information exchanges,  
26 36 and other means to assure that patients receive the  
26 37 indicated care when and where they need and want the  
26 38 care in a culturally and linguistically appropriate  
26 39 manner.

26 40 e. Quality and safety. The following are quality  
26 41 and safety components of the medical home:

26 42 (1) Provider-directed medical practices advocate  
26 43 for their patients to support the attainment of  
26 44 optimal, patient-centered outcomes that are defined by  
26 45 a care planning process driven by a compassionate,  
26 46 robust partnership between providers, the patient, and  
26 47 the patient's family.

26 48 (2) Evidence-based medicine and clinical  
26 49 decision-support tools guide decision making.

26 50 (3) Providers in the medical practice accept  
27 1 accountability for continuous quality improvement  
27 2 through voluntary engagement in performance  
27 3 measurement and improvement.

27 4 (4) Patients actively participate in decision  
27 5 making and feedback is sought to ensure that the  
27 6 patients' expectations are being met.

27 7 (5) Information technology is utilized  
27 8 appropriately to support optimal patient care,  
27 9 performance measurement, patient education, and  
27 10 enhanced communication.

27 11 (6) Practices participate in a voluntary  
27 12 recognition process conducted by an appropriate  
27 13 nongovernmental entity to demonstrate that the  
27 14 practice has the capabilities to provide  
27 15 patient-centered services consistent with the medical  
27 16 home model.

27 17 (7) Patients and families participate in quality  
27 18 improvement activities at the practice level.

27 19 f. Enhanced access to health care. Enhanced  
27 20 access to health care is available through systems  
27 21 such as open scheduling, expanded hours, and new  
27 22 options for communication between the patient, the  
27 23 patient's personal provider, and practice staff.

27 24 g. Payment. The payment system appropriately  
27 25 recognizes the added value provided to patients who  
27 26 have a patient-centered medical home. The payment  
27 27 structure framework of the medical home provides all  
27 28 of the following:

27 29 (1) Reflects the value of provider and nonprovider  
27 30 staff and patient-centered care management work that  
27 31 is in addition to the face-to-face visit.

27 32 (2) Pays for services associated with coordination  
27 33 of health care both within a given practice and  
27 34 between consultants, ancillary providers, and  
27 35 community resources.

27 36 (3) Supports adoption and use of health  
27 37 information technology for quality improvement.

27 38 (4) Supports provision of enhanced communication  
27 39 access such as secure electronic mail and telephone  
27 40 consultation.

27 41 (5) Recognizes the value of provider work  
27 42 associated with remote monitoring of clinical data  
27 43 using technology.

27 44 (6) Allows for separate fee-for-service payments  
27 45 for face-to-face visits. Payments for health care  
27 46 management services that are in addition to the  
27 47 face-to-face visit do not result in a reduction in the  
27 48 payments for face-to-face visits.

27 49 (7) Recognizes case mix differences in the patient  
27 50 population being treated within the practice.

28 1 (8) Allows providers to share in savings from  
28 2 reduced hospitalizations associated with  
28 3 provider-guided health care management in the office  
28 4 setting.

28 5 (9) Allows for additional payments for achieving  
28 6 measurable and continuous quality improvements.

28 7 Sec. 46. NEW SECTION. 135.159 MEDICAL HOME  
28 8 SYSTEM == ADVISORY COUNCIL == DEVELOPMENT AND  
28 9 IMPLEMENTATION.

28 10 1. The department shall administer the medical  
28 11 home system. The department shall adopt rules  
28 12 pursuant to chapter 17A necessary to administer the  
28 13 medical home system.

28 14 2. a. The department shall establish an advisory  
28 15 council which shall include but is not limited to all  
28 16 of the following members, selected by their respective  
28 17 organizations, and any other members the department  
28 18 determines necessary to assist in the department's  
28 19 duties at various stages of development of the medical  
28 20 home system:

28 21 (1) The director of human services, or the  
28 22 director's designee.  
28 23 (2) The commissioner of insurance, or the  
28 24 commissioner's designee.  
28 25 (3) A representative of the federation of Iowa  
28 26 insurers.  
28 27 (4) A representative of the Iowa dental  
28 28 association.  
28 29 (5) A representative of the Iowa nurses  
28 30 association.  
28 31 (6) A physician licensed pursuant to chapter 148  
28 32 and a physician licensed pursuant to chapter 150 who  
28 33 are family physicians and members of the Iowa academy  
28 34 of family physicians.  
28 35 (7) A health care consumer.  
28 36 (8) A representative of the Iowa collaborative  
28 37 safety net provider network established pursuant to  
28 38 section 135.153.  
28 39 (9) A representative of the governor's  
28 40 developmental disabilities council.  
28 41 (10) A representative of the Iowa chapter of the  
28 42 American academy of pediatrics.  
28 43 (11) A representative of the child and family  
28 44 policy center.  
28 45 (12) A representative of the Iowa pharmacy  
28 46 association.  
28 47 (13) A representative of the Iowa chiropractic  
28 48 society.  
28 49 (14) A representative of the university of Iowa  
28 50 college of public health.

29 1 b. Public members of the advisory council shall  
29 2 receive reimbursement for actual expenses incurred  
29 3 while serving in their official capacity only if they  
29 4 are not eligible for reimbursement by the organization  
29 5 that they represent.

29 6 3. The department shall develop a plan for  
29 7 implementation of a statewide medical home system.  
29 8 The department, in collaboration with parents,  
29 9 schools, communities, health plans, and providers,  
29 10 shall endeavor to increase healthy outcomes for  
29 11 children and adults by linking the children and adults  
29 12 with a medical home, identifying health improvement  
29 13 goals for children and adults, and linking  
29 14 reimbursement strategies to increasing healthy  
29 15 outcomes for children and adults. The plan shall  
29 16 provide that the medical home system shall do all of  
29 17 the following:

29 18 a. Coordinate and provide access to evidence-based  
29 19 health care services, emphasizing convenient,  
29 20 comprehensive primary care and including preventive,  
29 21 screening, and well-child health services.

29 22 b. Provide access to appropriate specialty care  
29 23 and inpatient services.

29 24 c. Provide quality-driven and cost-effective  
29 25 health care.

29 26 d. Provide access to pharmacist-delivered  
29 27 medication reconciliation and medication therapy  
29 28 management services, where appropriate.

29 29 e. Promote strong and effective medical management  
29 30 including but not limited to planning treatment  
29 31 strategies, monitoring health outcomes and resource  
29 32 use, sharing information, and organizing care to avoid  
29 33 duplication of service. The plan shall provide that  
29 34 in sharing information, the priority shall be the  
29 35 protection of the privacy of individuals and the  
29 36 security and confidentiality of the individual's  
29 37 information. Any sharing of information required by  
29 38 the medical home system shall comply and be consistent  
29 39 with all existing state and federal laws and  
29 40 regulations relating to the confidentiality of health  
29 41 care information and shall be subject to written  
29 42 consent of the patient.

29 43 f. Emphasize patient and provider accountability.

29 44 g. Prioritize local access to the continuum of  
29 45 health care services in the most appropriate setting.

29 46 h. Establish a baseline for medical home goals and  
29 47 establish performance measures that indicate a child  
29 48 or adult has an established and effective medical  
29 49 home. For children, these goals and performance  
29 50 measures may include but are not limited to childhood  
30 1 immunizations rates, well-child care utilization

30 2 rates, care management for children with chronic  
30 3 illnesses, emergency room utilization, and oral health  
30 4 service utilization.  
30 5 i. For children, coordinate with and integrate  
30 6 guidelines, data, and information from existing  
30 7 newborn and child health programs and entities,  
30 8 including but not limited to the healthy opportunities  
30 9 to experience, success=healthy families Iowa program,  
30 10 the community empowerment program, the center for  
30 11 congenital and inherited disorders screening and  
30 12 health care programs, standards of care for pediatric  
30 13 health guidelines, the office of multicultural health  
30 14 established in section 135.12, the oral health bureau  
30 15 established in section 135.15, and other similar  
30 16 programs and services.

30 17 4. The department shall develop an organizational  
30 18 structure for the medical home system in this state.  
30 19 The organizational structure plan shall integrate  
30 20 existing resources, provide a strategy to coordinate  
30 21 health care services, provide for monitoring and data  
30 22 collection on medical homes, provide for training and  
30 23 education to health care professionals and families,  
30 24 and provide for transition of children to the adult  
30 25 medical care system. The organizational structure may  
30 26 be based on collaborative teams of stakeholders  
30 27 throughout the state such as local public health  
30 28 agencies, the collaborative safety net provider  
30 29 network established in section 135.153, or a  
30 30 combination of statewide organizations. Care  
30 31 coordination may be provided through regional offices  
30 32 or through individual provider practices. The  
30 33 organizational structure may also include the use of  
30 34 telemedicine resources, and may provide for partnering  
30 35 with pediatric and family practice residency programs  
30 36 to improve access to preventive care for children.  
30 37 The organizational structure shall also address the  
30 38 need to organize and provide health care to increase  
30 39 accessibility for patients including using venues more  
30 40 accessible to patients and having hours of operation  
30 41 that are conducive to the population served.

30 42 5. The department shall adopt standards and a  
30 43 process to certify medical homes based on the national  
30 44 committee for quality assurance standards. The  
30 45 certification process and standards shall provide  
30 46 mechanisms to monitor performance and to evaluate,  
30 47 promote, and improve the quality of health of and  
30 48 health care delivered to patients through a medical  
30 49 home. The mechanism shall require participating  
30 50 providers to monitor clinical progress and performance  
31 1 in meeting applicable standards and to provide  
31 2 information in a form and manner specified by the  
31 3 department. The evaluation mechanism shall be  
31 4 developed with input from consumers, providers, and  
31 5 payers. At a minimum the evaluation shall determine  
31 6 any increased quality in health care provided and any  
31 7 decrease in cost resulting from the medical home  
31 8 system compared with other health care delivery  
31 9 systems. The standards and process shall also include  
31 10 a mechanism for other ancillary service providers to  
31 11 become affiliated with a certified medical home.

31 12 6. The department shall adopt education and  
31 13 training standards for health care professionals  
31 14 participating in the medical home system.

31 15 7. The department shall provide for system  
31 16 simplification through the use of universal referral  
31 17 forms, internet-based tools for providers, and a  
31 18 central medical home internet site for providers.

31 19 8. The department shall recommend a reimbursement  
31 20 methodology and incentives for participation in the  
31 21 medical home system to ensure that providers enter and  
31 22 remain participating in the system. In developing the  
31 23 recommendations for incentives, the department shall  
31 24 consider, at a minimum, providing incentives to  
31 25 promote wellness, prevention, chronic care management,  
31 26 immunizations, health care management, and the use of  
31 27 electronic health records. In developing the  
31 28 recommendations for the reimbursement system, the  
31 29 department shall analyze, at a minimum, the  
31 30 feasibility of all of the following:

31 31 a. Reimbursement under the medical assistance  
31 32 program to promote wellness and prevention, provide

31 33 care coordination, and provide chronic care  
31 34 management.  
31 35 b. Increasing reimbursement to Medicare levels for  
31 36 certain wellness and prevention services, chronic care  
31 37 management, and immunizations.  
31 38 c. Providing reimbursement for primary care  
31 39 services by addressing the disparities between  
31 40 reimbursement for specialty services and primary care  
31 41 services.  
31 42 d. Increased funding for efforts to transform  
31 43 medical practices into certified medical homes,  
31 44 including emphasizing the implementation of the use of  
31 45 electronic health records.  
31 46 e. Targeted reimbursement to providers linked to  
31 47 health care quality improvement measures established  
31 48 by the department.  
31 49 f. Reimbursement for specified ancillary support  
31 50 services such as transportation for medical  
32 1 appointments and other such services.  
32 2 g. Providing reimbursement for medication  
32 3 reconciliation and medication therapy management  
32 4 service, where appropriate.  
32 5 9. The department shall coordinate the  
32 6 requirements and activities of the medical home system  
32 7 with the requirements and activities of the dental  
32 8 home for children as described in section 249J.14,  
32 9 subsection 7, and shall recommend financial incentives  
32 10 for dentists and nondental providers to promote oral  
32 11 health care coordination through preventive dental  
32 12 intervention, early identification of oral disease  
32 13 risk, health care coordination and data tracking,  
32 14 treatment, chronic care management, education and  
32 15 training, parental guidance, and oral health  
32 16 promotions for children.  
32 17 10. The department shall integrate the  
32 18 recommendations and policies developed by the  
32 19 prevention and chronic care management advisory  
32 20 council into the medical home system.  
32 21 11. Implementation phases.  
32 22 a. Initial implementation shall require  
32 23 participation in the medical home system of children  
32 24 who are recipients of full benefits under the medical  
32 25 assistance program. The department shall work with  
32 26 the department of human services and shall recommend  
32 27 to the general assembly a reimbursement methodology to  
32 28 compensate providers participating under the medical  
32 29 assistance program for participation in the medical  
32 30 home system.  
32 31 b. The department shall work with the department  
32 32 of human services to expand the medical home system to  
32 33 adults who are recipients of full benefits under the  
32 34 medical assistance program and the expansion  
32 35 population under the IowaCare program. The department  
32 36 shall work with the centers for Medicare and Medicaid  
32 37 services of the United States department of health and  
32 38 human services to allow Medicare recipients to utilize  
32 39 the medical home system.  
32 40 c. The department shall work with the department  
32 41 of administrative services to allow state employees to  
32 42 utilize the medical home system.  
32 43 d. The department shall work with insurers and  
32 44 self-insured companies, if requested, to make the  
32 45 medical home system available to individuals with  
32 46 private health care coverage.  
32 47 12. The department shall provide oversight for all  
32 48 certified medical homes. The department shall review  
32 49 the progress of the medical home system and recommend  
32 50 improvements to the system, as necessary.  
33 1 13. The department shall annually evaluate the  
33 2 medical home system and make recommendations to the  
33 3 governor and the general assembly regarding  
33 4 improvements to and continuation of the system.  
33 5 14. Recommendations and other activities resulting  
33 6 from the duties authorized for the department under  
33 7 this section shall require approval by the board prior  
33 8 to any subsequent action or implementation.  
33 9 Sec. 47. Section 136.3, Code 2007, is amended by  
33 10 adding the following new subsection:  
33 11 NEW SUBSECTION. 12. Perform those duties  
33 12 authorized pursuant to section 135.159.  
33 13 Sec. 48. Section 249J.14, subsection 7, Code 2007,

33 14 is amended to read as follows:

33 15 7. DENTAL HOME FOR CHILDREN. By ~~July 1, 2008~~

33 16 ~~December 31, 2010~~, every recipient of medical  
33 17 assistance who is a child twelve years of age or  
33 18 younger shall have a designated dental home and shall  
33 19 be provided with the dental screenings, ~~and~~ preventive  
33 20 ~~care identified in the oral health standards services,~~  
33 21 ~~diagnostic services, treatment services, and emergency~~

33 22 ~~services as defined~~ under the early and periodic  
33 23 screening, diagnostic, and treatment program.

33 24 Sec. 49. MEDICAL HOME SYSTEM == APPROPRIATION.

33 25 There is appropriated from the general fund of the  
33 26 state to the department of public health for the  
33 27 fiscal year beginning July 1, 2008, and ending June  
33 28 30, 2009, the following amount, or so much thereof as  
33 29 is necessary, for the purpose designated:

33 30 For activities associated with the medical home  
33 31 system requirements of this division and for not more  
33 32 than the following full-time equivalent positions:

33 33 ..... \$ 165,600  
33 34 ..... FTEs 4.00

33 35 DIVISION IX

33 36 PREVENTION AND CHRONIC CARE MANAGEMENT

33 37 DIVISION XXIII

33 38 PREVENTION AND CHRONIC CARE MANAGEMENT

33 39 Sec. 50. NEW SECTION. 135.160 DEFINITIONS.

33 40 For the purpose of this division, unless the  
33 41 context otherwise requires:

33 42 1. "Board" means the state board of health created  
33 43 pursuant to section 136.1.

33 44 2. "Chronic care" means health care services  
33 45 provided by a health care professional for an  
33 46 established clinical condition that is expected to  
33 47 last a year or more and that requires ongoing clinical  
33 48 management attempting to restore the individual to  
33 49 highest function, minimize the negative effects of the  
33 50 chronic condition, and prevent complications related  
34 1 to the chronic condition.

34 2 3. "Chronic care information system" means  
34 3 approved information technology to enhance the  
34 4 development and communication of information to be  
34 5 used in providing chronic care, including clinical,  
34 6 social, and economic outcomes of chronic care.

34 7 4. "Chronic care management" means a system of  
34 8 coordinated health care interventions and  
34 9 communications for individuals with chronic  
34 10 conditions, including significant patient self-care  
34 11 efforts, systemic supports for the health care  
34 12 professional and patient relationship, and a chronic  
34 13 care plan emphasizing prevention of complications  
34 14 utilizing evidence-based practice guidelines, patient  
34 15 empowerment strategies, and evaluation of clinical,  
34 16 humanistic, and economic outcomes on an ongoing basis  
34 17 with the goal of improving overall health.

34 18 5. "Chronic care plan" means a plan of care  
34 19 between an individual and the individual's principal  
34 20 health care professional that emphasizes prevention of  
34 21 complications through patient empowerment including  
34 22 but not limited to providing incentives to engage the  
34 23 patient in the patient's own care and in clinical,  
34 24 social, or other interventions designed to minimize  
34 25 the negative effects of the chronic condition.

34 26 6. "Chronic care resources" means health care  
34 27 professionals, advocacy groups, health departments,  
34 28 schools of public health and medicine, health plans,  
34 29 and others with expertise in public health, health  
34 30 care delivery, health care financing, and health care  
34 31 research.

34 32 7. "Chronic condition" means an established  
34 33 clinical condition that is expected to last a year or  
34 34 more and that requires ongoing clinical management.

34 35 8. "Department" means the department of public  
34 36 health.

34 37 9. "Director" means the director of public health.

34 38 10. "Eligible individual" means a resident of this  
34 39 state who has been diagnosed with a chronic condition  
34 40 or is at an elevated risk for a chronic condition and  
34 41 who is a recipient of medical assistance, is a member  
34 42 of the expansion population pursuant to chapter 249J,  
34 43 or is an inmate of a correctional institution in this  
34 44 state.

34 45 11. "Health care professional" means health care  
34 46 professional as defined in section 135.157.

34 47 12. "Health risk assessment" means screening by a  
34 48 health care professional for the purpose of assessing  
34 49 an individual's health, including tests or physical  
34 50 examinations and a survey or other tool used to gather  
35 1 information about an individual's health, medical  
35 2 history, and health risk factors during a health  
35 3 screening.

35 4 Sec. 51. NEW SECTION. 135.161 PREVENTION AND  
35 5 CHRONIC CARE MANAGEMENT INITIATIVE == ADVISORY  
35 6 COUNCIL.

35 7 1. The director, in collaboration with the  
35 8 prevention and chronic care management advisory  
35 9 council, shall develop a state initiative for  
35 10 prevention and chronic care management. The state  
35 11 initiative consists of the state's plan for developing  
35 12 a chronic care organizational structure for prevention  
35 13 and chronic care management, including coordinating  
35 14 the efforts of health care professionals and chronic  
35 15 care resources to promote the health of residents and  
35 16 the prevention and management of chronic conditions,  
35 17 developing and implementing arrangements for  
35 18 delivering prevention services and chronic care  
35 19 management, developing significant patient self-care  
35 20 efforts, providing systemic support for the health  
35 21 care professional-patient relationship and options for  
35 22 channeling chronic care resources and support to  
35 23 health care professionals, providing for community  
35 24 development and outreach and education efforts, and  
35 25 coordinating information technology initiatives with  
35 26 the chronic care information system.

35 27 2. The director may accept grants and donations  
35 28 and shall apply for any federal, state, or private  
35 29 grants available to fund the initiative. Any grants  
35 30 or donations received shall be placed in a separate  
35 31 fund in the state treasury and used exclusively for  
35 32 the initiative or as federal law directs.

35 33 3. a. The director shall establish and convene an  
35 34 advisory council to provide technical assistance to  
35 35 the director in developing a state initiative that  
35 36 integrates evidence-based prevention and chronic care  
35 37 management strategies into the public and private  
35 38 health care systems, including the medical home  
35 39 system. Public members of the advisory council shall  
35 40 receive their actual and necessary expenses incurred  
35 41 in the performance of their duties and may be eligible  
35 42 to receive compensation as provided in section 7E.6.

35 43 b. The advisory council shall elicit input from a  
35 44 variety of health care professionals, health care  
35 45 professional organizations, community and nonprofit  
35 46 groups, insurers, consumers, businesses, school  
35 47 districts, and state and local governments in  
35 48 developing the advisory council's recommendations.

35 49 c. The advisory council shall submit initial  
35 50 recommendations to the director for the state  
36 1 initiative for prevention and chronic care management  
36 2 no later than July 1, 2009. The recommendations shall  
36 3 address all of the following:

36 4 (1) The recommended organizational structure for  
36 5 integrating prevention and chronic care management  
36 6 into the private and public health care systems. The  
36 7 organizational structure recommended shall align with  
36 8 the organizational structure established for the  
36 9 medical home system developed pursuant to division  
36 10 XXII. The advisory council shall also review existing  
36 11 prevention and chronic care management strategies used  
36 12 in the health insurance market and in private and  
36 13 public programs and recommend ways to expand the use  
36 14 of such strategies throughout the health insurance  
36 15 market and in the private and public health care  
36 16 systems.

36 17 (2) A process for identifying leading health care  
36 18 professionals and existing prevention and chronic care  
36 19 management programs in the state, and coordinating  
36 20 care among these health care professionals and  
36 21 programs.

36 22 (3) A prioritization of the chronic conditions for  
36 23 which prevention and chronic care management services  
36 24 should be provided, taking into consideration the  
36 25 prevalence of specific chronic conditions and the

36 26 factors that may lead to the development of chronic  
36 27 conditions; the fiscal impact to state health care  
36 28 programs of providing care for the chronic conditions  
36 29 of eligible individuals; the availability of workable,  
36 30 evidence-based approaches to chronic care for the  
36 31 chronic condition; and public input into the selection  
36 32 process. The advisory council shall initially develop  
36 33 consensus guidelines to address the two chronic  
36 34 conditions identified as having the highest priority  
36 35 and shall also specify a timeline for inclusion of  
36 36 additional specific chronic conditions in the  
36 37 initiative.

36 38 (4) A method to involve health care professionals  
36 39 in identifying eligible patients for prevention and  
36 40 chronic care management services, which includes but  
36 41 is not limited to the use of a health risk assessment.

36 42 (5) The methods for increasing communication  
36 43 between health care professionals and patients,  
36 44 including patient education, patient self-management,  
36 45 and patient follow-up plans.

36 46 (6) The educational, wellness, and clinical  
36 47 management protocols and tools to be used by health  
36 48 care professionals, including management guideline  
36 49 materials for health care delivery.

36 50 (7) The use and development of process and outcome  
37 1 measures and benchmarks, aligned to the greatest  
37 2 extent possible with existing measures and benchmarks  
37 3 such as the best in class estimates utilized in the  
37 4 national healthcare quality report of the agency for  
37 5 health care research and quality of the United States  
37 6 department of health and human services, to provide  
37 7 performance feedback for health care professionals and  
37 8 information on the quality of health care, including  
37 9 patient satisfaction and health status outcomes.

37 10 (8) Payment methodologies to align reimbursements  
37 11 and create financial incentives and rewards for health  
37 12 care professionals to utilize prevention services,  
37 13 establish management systems for chronic conditions,  
37 14 improve health outcomes, and improve the quality of  
37 15 health care, including case management fees, payment  
37 16 for technical support and data entry associated with  
37 17 patient registries, and the cost of staff coordination  
37 18 within a medical practice.

37 19 (9) Methods to involve public and private groups,  
37 20 health care professionals, insurers, third-party  
37 21 administrators, associations, community and consumer  
37 22 groups, and other entities to facilitate and sustain  
37 23 the initiative.

37 24 (10) Alignment of any chronic care information  
37 25 system or other information technology needs with  
37 26 other health care information technology initiatives.

37 27 (11) Involvement of appropriate health resources  
37 28 and public health and outcomes researchers to develop  
37 29 and implement a sound basis for collecting data and  
37 30 evaluating the clinical, social, and economic impact  
37 31 of the initiative, including a determination of the  
37 32 impact on expenditures and prevalence and control of  
37 33 chronic conditions.

37 34 (12) Elements of a marketing campaign that  
37 35 provides for public outreach and consumer education in  
37 36 promoting prevention and chronic care management  
37 37 strategies among health care professionals, health  
37 38 insurers, and the public.

37 39 (13) A method to periodically determine the  
37 40 percentage of health care professionals who are  
37 41 participating, the success of the  
37 42 empowerment-of-patients approach, and any results of  
37 43 health outcomes of the patients participating.

37 44 (14) A means of collaborating with the health  
37 45 professional licensing boards pursuant to chapter 147  
37 46 to review prevention and chronic care management  
37 47 education provided to licensees, as appropriate, and  
37 48 recommendations regarding education resources and  
37 49 curricula for integration into existing and new  
37 50 education and training programs.

38 1 4. Following submission of initial recommendations  
38 2 to the director for the state initiative for  
38 3 prevention and chronic care management by the advisory  
38 4 council, the director shall submit the state  
38 5 initiative to the board for approval. Subject to  
38 6 approval of the state initiative by the board, the

38 7 department shall initially implement the state  
38 8 initiative among the population of eligible  
38 9 individuals. Following initial implementation, the  
38 10 director shall work with the department of human  
38 11 services, insurers, health care professional  
38 12 organizations, and consumers in implementing the  
38 13 initiative beyond the population of eligible  
38 14 individuals as an integral part of the health care  
38 15 delivery system in the state. The advisory council  
38 16 shall continue to review and make recommendations to  
38 17 the director regarding improvements to the initiative.  
38 18 Any recommendations are subject to approval by the  
38 19 board.

38 20 Sec. 52. NEW SECTION. 135.162 CLINICIANS  
38 21 ADVISORY PANEL.

38 22 1. The director shall convene a clinicians  
38 23 advisory panel to advise and recommend to the  
38 24 department clinically appropriate, evidence-based best  
38 25 practices regarding the implementation of the medical  
38 26 home as defined in section 135.157 and the prevention  
38 27 and chronic care management initiative pursuant to  
38 28 section 135.161. The director shall act as  
38 29 chairperson of the advisory panel.

38 30 2. The clinicians advisory panel shall consist of  
38 31 nine members representing licensed medical health care  
38 32 providers selected by their respective professional  
38 33 organizations. Terms of members shall begin and end  
38 34 as provided in section 69.19. Any vacancy shall be  
38 35 filled in the same manner as regular appointments are  
38 36 made for the unexpired portion of the regular term.  
38 37 Members shall serve terms of three years. A member is  
38 38 eligible for reappointment for three successive terms.

38 39 3. The clinicians advisory panel shall meet on a  
38 40 quarterly basis to receive updates from the director  
38 41 regarding strategic planning and implementation  
38 42 progress on the medical home and the prevention and  
38 43 chronic care management initiative and shall provide  
38 44 clinical consultation to the department regarding the  
38 45 medical home and the initiative.

38 46 Sec. 53. Section 136.3, Code 2007, is amended by  
38 47 adding the following new subsection:

38 48 NEW SUBSECTION. 13. Perform those duties  
38 49 authorized pursuant to section 135.161.

38 50 Sec. 54. PREVENTION AND CHRONIC CARE MANAGEMENT ==  
39 1 APPROPRIATION. There is appropriated from the general  
39 2 fund of the state to the department of public health  
39 3 for the fiscal year beginning July 1, 2008, and ending  
39 4 June 30, 2009, the following amount, or so much  
39 5 thereof as is necessary, for the purpose designated:  
39 6 For activities associated with the prevention and  
39 7 chronic care management requirements of this division:  
39 8 ..... \$ 190,500

39 9 DIVISION X

39 10 FAMILY OPPORTUNITY ACT

39 11 Sec. 55. 2007 Iowa Acts, chapter 218, section 126,  
39 12 subsection 1, is amended to read as follows:

39 13 1. The provision in this division of this Act  
39 14 relating to eligibility for certain persons with  
39 15 disabilities under the medical assistance program  
39 16 shall ~~only be implemented if the department of human~~  
~~39 17 services determines that funding is available in~~  
~~39 18 appropriations made in this Act, in combination with~~  
~~39 19 federal allocations to the state, for the state~~  
~~39 20 children's health insurance program, in excess of the~~  
~~39 21 amount needed to cover the current and projected~~  
~~39 22 enrollment under the state children's health insurance~~  
~~39 23 program beginning January 1, 2009. If such a~~  
~~39 24 determination is made, the department of human~~  
~~39 25 services shall transfer funding from the~~  
~~39 26 appropriations made in this Act for the state~~  
~~39 27 children's health insurance program, not otherwise~~  
~~39 28 required for that program, to the appropriations made~~  
~~39 29 in this Act for medical assistance, as necessary, to~~  
~~39 30 implement such provision of this division of this Act.~~

39 31 DIVISION XI

39 32 MEDICAL ASSISTANCE QUALITY IMPROVEMENT

39 33 Sec. 56. NEW SECTION. 249A.36 MEDICAL ASSISTANCE  
39 34 QUALITY IMPROVEMENT COUNCIL.

39 35 1. A medical assistance quality improvement  
39 36 council is established. The council shall evaluate  
39 37 the clinical outcomes and satisfaction of consumers

39 38 and providers with the medical assistance program.  
39 39 The council shall coordinate efforts with the cost and  
39 40 quality performance evaluation completed pursuant to  
39 41 section 249J.16. The council shall also coordinate  
39 42 its efforts with the efforts of the department of  
39 43 public health regarding health care consumer  
39 44 information under section 135.163.

39 45 2. a. The council shall consist of seven voting  
39 46 members appointed by the majority leader of the  
39 47 senate, the minority leader of the senate, the speaker  
39 48 of the house, and the minority leader of the house of  
39 49 representatives. At least one member of the council  
39 50 shall be a consumer and at least one member shall be a  
40 1 medical assistance program provider. An individual  
40 2 who is employed by a private or nonprofit organization  
40 3 that receives one million dollars or more in  
40 4 compensation or reimbursement from the department,  
40 5 annually, is not eligible for appointment to the  
40 6 council. The members shall serve terms of two years  
40 7 beginning and ending as provided in section 69.19, and  
40 8 appointments shall comply with sections 69.16 and  
40 9 69.16A. Members shall receive reimbursement for  
40 10 actual expenses incurred while serving in their  
40 11 official capacity and may also be eligible to receive  
40 12 compensation as provided in section 7E.6. Vacancies  
40 13 shall be filled by the original appointing authority  
40 14 and in the manner of the original appointment. A  
40 15 person appointed to fill a vacancy shall serve only  
40 16 for the unexpired portion of the term.

40 17 b. The members shall select a chairperson,  
40 18 annually, from among the membership. The council  
40 19 shall meet at least quarterly and at the call of the  
40 20 chairperson. A majority of the members of the council  
40 21 constitutes a quorum. Any action taken by the council  
40 22 must be adopted by the affirmative vote of a majority  
40 23 of its voting membership.

40 24 c. The department shall provide administrative  
40 25 support and necessary supplies and equipment for the  
40 26 council.

40 27 3. The council shall consult with and advise the  
40 28 Iowa Medicaid enterprise in establishing a quality  
40 29 assessment and improvement process.

40 30 a. The process shall be consistent with the health  
40 31 plan employer data and information set developed by  
40 32 the national committee for quality assurance and with  
40 33 the consumer assessment of health care providers and  
40 34 systems developed by the agency for health care  
40 35 research and quality of the United States department  
40 36 of health and human services. The council shall also  
40 37 coordinate efforts with the Iowa healthcare  
40 38 collaborative and the state's Medicare quality  
40 39 improvement organization to create consistent quality  
40 40 measures.

40 41 b. The process may utilize as a basis the medical  
40 42 assistance and state children's health insurance  
40 43 quality improvement efforts of the centers for  
40 44 Medicare and Medicaid services of the United States  
40 45 department of health and human services.

40 46 c. The process shall include assessment and  
40 47 evaluation of both managed care and fee-for-service  
40 48 programs, and shall be applicable to services provided  
40 49 to adults and children.

40 50 d. The initial process shall be developed and  
41 1 implemented by December 31, 2008, with the initial  
41 2 report of results to be made available to the public  
41 3 by June 30, 2009. Following the initial report, the  
41 4 council shall submit a report of results to the  
41 5 governor and the general assembly, annually, in  
41 6 January.

41 7 DIVISION XII

41 8 HEALTH CARE CONSUMER INFORMATION

41 9 DIVISION XXIV

41 10 HEALTH CARE CONSUMER INFORMATION

41 11 Sec. 57. NEW SECTION. 135.163 HEALTH CARE  
41 12 CONSUMER INFORMATION.

41 13 The department shall do all of the following to  
41 14 improve consumer education about health cost and  
41 15 quality:

41 16 1. Provide for coordination of efforts to promote  
41 17 public reporting of hospital and physician quality  
41 18 measures, including efforts of the Iowa healthcare

41 19 collaborative, the state's Medicare quality  
41 20 improvement organization, the Iowa Medicaid  
41 21 enterprise, and the medical assistance quality  
41 22 improvement council established pursuant to section  
41 23 249A.36.

41 24 2. Provide for the coordination of efforts to  
41 25 promote public reporting of health care costs,  
41 26 including efforts of the Iowa hospital association,  
41 27 Iowa medical society, and the Iowa health buyers'  
41 28 alliance.

41 29 3. Create a public awareness campaign to educate  
41 30 consumers about enhanced health through lifestyle  
41 31 choices.

41 32 4. Promote adoption of health information  
41 33 technology through provider incentives.

41 34 5. Evaluate the efficacy of a standard medication  
41 35 therapy management program.

41 36 DIVISION XIII

41 37 HEALTH AND LONG-TERM CARE ACCESS

41 38 Sec. 58. Section 135.63, subsection 2, paragraph  
41 39 1, Code 2007, is amended to read as follows:

41 40 1. The replacement or modernization of any  
41 41 institutional health facility if the replacement or  
41 42 modernization does not add new health services or  
41 43 additional bed capacity for existing health services,  
41 44 notwithstanding any provision in this division to the  
41 45 contrary. With reference to a hospital, "replacement"  
41 46 means establishing a new hospital that demonstrates  
41 47 compliance with all of the following criteria through  
41 48 evidence submitted to the department:

41 49 (1) Is designated as a critical access hospital  
41 50 pursuant to 42 U.S.C. } 1395i=4.

42 1 (2) Serves at least seventy=five percent of the  
42 2 same service area that was served by the prior  
42 3 hospital to be closed and replaced by the new  
42 4 hospital.

42 5 (3) Provides at least seventy=five percent of the  
42 6 same services that were provided by the prior hospital  
42 7 to be closed and replaced by the new hospital.

42 8 (4) Is staffed by at least seventy=five percent of  
42 9 the same staff, including medical staff, contracted  
42 10 staff, and employees, as constituted the staff of the  
42 11 prior hospital to be closed and replaced by the new  
42 12 hospital.

42 13 Sec. 59. NEW SECTION. 135.164 HEALTH AND  
42 14 LONG-TERM CARE ACCESS.

42 15 The department shall coordinate public and private  
42 16 efforts to develop and maintain an appropriate health  
42 17 care delivery infrastructure and a stable,  
42 18 well=qualified, diverse, and sustainable health care  
42 19 workforce in this state. The health care delivery  
42 20 infrastructure and the health care workforce shall  
42 21 address the broad spectrum of health care needs of  
42 22 Iowans throughout their lifespan including long=term  
42 23 care needs. The department shall, at a minimum, do  
42 24 all of the following:

42 25 1. Develop a strategic plan for health care  
42 26 delivery infrastructure and health care workforce  
42 27 resources in this state.

42 28 2. Provide for the continuous collection of data  
42 29 to provide a basis for health care strategic planning  
42 30 and health care policymaking.

42 31 3. Make recommendations regarding the health care  
42 32 delivery infrastructure and the health care workforce  
42 33 that assist in monitoring current needs, predicting  
42 34 future trends, and informing policymaking.

42 35 Sec. 60. NEW SECTION. 135.165 STRATEGIC PLAN.

42 36 1. The strategic plan for health care delivery  
42 37 infrastructure and health care workforce resources  
42 38 shall describe the existing health care system,  
42 39 describe and provide a rationale for the desired  
42 40 health care system, provide an action plan for  
42 41 implementation, and provide methods to evaluate the  
42 42 system. The plan shall incorporate expenditure  
42 43 control methods and integrate criteria for  
42 44 evidence=based health care. The department shall do  
42 45 all of the following in developing the strategic plan  
42 46 for health care delivery infrastructure and health  
42 47 care workforce resources:

42 48 a. Conduct strategic health planning activities  
42 49 related to preparation of the strategic plan.

42 50 b. Develop a computerized system for accessing,  
43 1 analyzing, and disseminating data relevant to  
43 2 strategic health planning. The department may enter  
43 3 into data sharing agreements and contractual  
43 4 arrangements necessary to obtain or disseminate  
43 5 relevant data.

43 6 c. Conduct research and analysis or arrange for  
43 7 research and analysis projects to be conducted by  
43 8 public or private organizations to further the  
43 9 development of the strategic plan.

43 10 d. Establish a technical advisory committee to  
43 11 assist in the development of the strategic plan. The  
43 12 members of the committee may include but are not  
43 13 limited to health economists, representatives of the  
43 14 university of Iowa college of public health, health  
43 15 planners, representatives of health care purchasers,  
43 16 representatives of state and local agencies that  
43 17 regulate entities involved in health care,  
43 18 representatives of health care providers and health  
43 19 care facilities, and consumers.

43 20 2. The strategic plan shall include statewide  
43 21 health planning policies and goals related to the  
43 22 availability of health care facilities and services,  
43 23 the quality of care, and the cost of care. The  
43 24 policies and goals shall be based on the following  
43 25 principles:

43 26 a. That a strategic health planning process,  
43 27 responsive to changing health and social needs and  
43 28 conditions, is essential to the health, safety, and  
43 29 welfare of Iowans. The process shall be reviewed and  
43 30 updated as necessary to ensure that the strategic plan  
43 31 addresses all of the following:

43 32 (1) Promoting and maintaining the health of all  
43 33 Iowans.

43 34 (2) Providing accessible health care services  
43 35 through the maintenance of an adequate supply of  
43 36 health facilities and an adequate workforce.

43 37 (3) Controlling excessive increases in costs.

43 38 (4) Applying specific quality criteria and  
43 39 population health indicators.

43 40 (5) Recognizing prevention and wellness as  
43 41 priorities in health care programs to improve quality  
43 42 and reduce costs.

43 43 (6) Addressing periodic priority issues including  
43 44 disaster planning, public health threats, and public  
43 45 safety dilemmas.

43 46 (7) Coordinating health care delivery and resource  
43 47 development efforts among state agencies including  
43 48 those tasked with facility, services, and professional  
43 49 provider licensure; state and federal reimbursement;  
43 50 health service utilization data systems; and others.

44 1 (8) Recognizing long-term care as an integral  
44 2 component of the health care delivery infrastructure  
44 3 and as an essential service provided by the health  
44 4 care workforce.

44 5 b. That both consumers and providers throughout  
44 6 the state must be involved in the health planning  
44 7 process, outcomes of which shall be clearly  
44 8 articulated and available for public review and use.

44 9 c. That the supply of a health care service has a  
44 10 substantial impact on utilization of the service,  
44 11 independent of the effectiveness, medical necessity,  
44 12 or appropriateness of the particular health care  
44 13 service for a particular individual.

44 14 d. That given that health care resources are not  
44 15 unlimited, the impact of any new health care service  
44 16 or facility on overall health expenditures in this  
44 17 state must be considered.

44 18 e. That excess capacity of health care services  
44 19 and facilities places an increased economic burden on  
44 20 the public.

44 21 f. That the likelihood that a requested new health  
44 22 care facility, service, or equipment will improve  
44 23 health care quality and outcomes must be considered.

44 24 g. That development and ongoing maintenance of  
44 25 current and accurate health care information and  
44 26 statistics related to cost and quality of health care  
44 27 and projections of the need for health care facilities  
44 28 and services are necessary to developing an effective  
44 29 health care planning strategy.

44 30 h. That the certificate of need program as a

44 31 component of the health care planning regulatory  
44 32 process must balance considerations of access to  
44 33 quality care at a reasonable cost for all Iowans,  
44 34 optimal use of existing health care resources,  
44 35 fostering of expenditure control, and elimination of  
44 36 unnecessary duplication of health care facilities and  
44 37 services, while supporting improved health care  
44 38 outcomes.

44 39 i. That strategic health care planning must be  
44 40 concerned with the stability of the health care  
44 41 system, encompassing health care financing, quality,  
44 42 and the availability of information and services for  
44 43 all residents.

44 44 3. The health care delivery infrastructure and  
44 45 health care workforce resources strategic plan  
44 46 developed by the department shall include all of the  
44 47 following:

44 48 a. A health care system assessment and objectives  
44 49 component that does all of the following:

44 50 (1) Describes state and regional population  
45 1 demographics, health status indicators, and trends in  
45 2 health status and health care needs.

45 3 (2) Identifies key policy objectives for the state  
45 4 health care system related to access to care, health  
45 5 care outcomes, quality, and cost-effectiveness.

45 6 b. A health care facilities and services plan that  
45 7 assesses the demand for health care facilities and  
45 8 services to inform state health care planning efforts  
45 9 and direct certificate of need determinations, for  
45 10 those facilities and services subject to certificate  
45 11 of need. The plan shall include all of the following:

45 12 (1) An inventory of each geographic region's  
45 13 existing health care facilities and services.

45 14 (2) Projections of the need for each category of  
45 15 health care facility and service, including those  
45 16 subject to certificate of need.

45 17 (3) Policies to guide the addition of new or  
45 18 expanded health care facilities and services to  
45 19 promote the use of quality, evidence-based,  
45 20 cost-effective health care delivery options, including  
45 21 any recommendations for criteria, standards, and  
45 22 methods relevant to the certificate of need review  
45 23 process.

45 24 (4) An assessment of the availability of health  
45 25 care providers, public health resources,  
45 26 transportation infrastructure, and other  
45 27 considerations necessary to support the needed health  
45 28 care facilities and services in each region.

45 29 c. A health care data resources plan that  
45 30 identifies data elements necessary to properly conduct  
45 31 planning activities and to review certificate of need  
45 32 applications, including data related to inpatient and  
45 33 outpatient utilization and outcomes information, and  
45 34 financial and utilization information related to  
45 35 charity care, quality, and cost. The plan shall  
45 36 provide all of the following:

45 37 (1) An inventory of existing data resources, both  
45 38 public and private, that store and disclose  
45 39 information relevant to the health care planning  
45 40 process, including information necessary to conduct  
45 41 certificate of need activities. The plan shall  
45 42 identify any deficiencies in the inventory of existing  
45 43 data resources and the data necessary to conduct  
45 44 comprehensive health care planning activities. The  
45 45 plan may recommend that the department be authorized  
45 46 to access existing data sources and conduct  
45 47 appropriate analyses of such data or that other  
45 48 agencies expand their data collection activities as  
45 49 statutory authority permits. The plan may identify  
45 50 any computing infrastructure deficiencies that impede  
46 1 the proper storage, transmission, and analysis of  
46 2 health care planning data.

46 3 (2) Recommendations for increasing the  
46 4 availability of data related to health care planning  
46 5 to provide greater community involvement in the health  
46 6 care planning process and consistency in data used for  
46 7 certificate of need applications and determinations.  
46 8 The plan shall also integrate the requirements for  
46 9 annual reports by hospitals and health care facilities  
46 10 pursuant to section 135.75, the provisions relating to  
46 11 analyses and studies by the department pursuant to

46 12 section 135.76, the data compilation provisions of  
46 13 section 135.78, and the provisions for contracts for  
46 14 assistance with analyses, studies, and data pursuant  
46 15 to section 135.83.

46 16 d. An assessment of emerging trends in health care  
46 17 delivery and technology as they relate to access to  
46 18 health care facilities and services, quality of care,  
46 19 and costs of care. The assessment shall recommend any  
46 20 changes to the scope of health care facilities and  
46 21 services covered by the certificate of need program  
46 22 that may be warranted by these emerging trends. In  
46 23 addition, the assessment may recommend any changes to  
46 24 criteria used by the department to review certificate  
46 25 of need applications, as necessary.

46 26 e. A rural health care resources plan to assess  
46 27 the availability of health resources in rural areas of  
46 28 the state, assess the unmet needs of these  
46 29 communities, and evaluate how federal and state  
46 30 reimbursement policies can be modified, if necessary,  
46 31 to more efficiently and effectively meet the health  
46 32 care needs of rural communities. The plan shall  
46 33 consider the unique health care needs of rural  
46 34 communities, the adequacy of the rural health care  
46 35 workforce, and transportation needs for accessing  
46 36 appropriate care.

46 37 f. A health care workforce resources plan to  
46 38 assure a competent, diverse, and sustainable health  
46 39 care workforce in Iowa and to improve access to health  
46 40 care in underserved areas and among underserved  
46 41 populations. The plan shall include the establishment  
46 42 of an advisory council to inform and advise the  
46 43 department and policymakers regarding issues relevant  
46 44 to the health care workforce in Iowa. The health care  
46 45 workforce resources plan shall recognize long-term  
46 46 care as an essential service provided by the health  
46 47 care workforce.

46 48 4. The department shall submit the initial  
46 49 statewide health care delivery infrastructure and  
46 50 resources strategic plan to the governor and the  
47 1 general assembly by January 1, 2010, and shall submit  
47 2 an updated strategic plan to the governor and the  
47 3 general assembly every two years thereafter.

47 4 Sec. 61. HEALTH CARE ACCESS == APPROPRIATION.  
47 5 There is appropriated from the general fund of the  
47 6 state to the department of public health for the  
47 7 fiscal year beginning July 1, 2008, and ending June  
47 8 30, 2009, the following amount, or so much thereof as  
47 9 is necessary, for the purpose designated:

47 10 For activities associated with the health care	
47 11 access requirements of this division, and for not more	
47 12 than the following full-time equivalent positions:	
47 13 .....	\$ 172,200
47 14 .....	FTEs 3.00

47 15 DIVISION XIV  
47 16 PREVENTION AND WELLNESS  
47 17 INITIATIVES

47 18 Sec. 62. Section 135.27, Code 2007, is amended by  
47 19 striking the section and inserting in lieu thereof the  
47 20 following:

47 21 135.27 IOWA HEALTHY COMMUNITIES INITIATIVE ==  
47 22 GRANT PROGRAM.

47 23 1. PROGRAM GOALS. The department shall establish  
47 24 a grant program to energize local communities to  
47 25 transform the existing culture into a culture that  
47 26 promotes healthy lifestyles and leads collectively,  
47 27 community by community, to a healthier state. The  
47 28 grant program shall expand an existing healthy  
47 29 communities initiative to assist local boards of  
47 30 health, in collaboration with existing community  
47 31 resources, to build community capacity in addressing  
47 32 the prevention of chronic disease that results from  
47 33 risk factors including overweight and obesity  
47 34 conditions.

47 35 2. DISTRIBUTION OF GRANTS. The department shall  
47 36 distribute the grants on a competitive basis and shall  
47 37 support the grantee communities in planning and  
47 38 developing wellness strategies and establishing  
47 39 methodologies to sustain the strategies. Grant  
47 40 criteria shall be consistent with the existing  
47 41 statewide initiative between the department and the  
47 42 department's partners that promotes increased

47 43 opportunities for physical activity and healthy eating  
47 44 for Iowans of all ages, or its successor, and the  
47 45 statewide comprehensive plan developed by the existing  
47 46 statewide initiative to increase physical activity,  
47 47 improve nutrition, and promote healthy behaviors.  
47 48 Grantees shall demonstrate an ability to maximize  
47 49 local, state, and federal resources effectively and  
47 50 efficiently.

48 1 3. DEPARTMENTAL SUPPORT. The department shall  
48 2 provide support to grantees including  
48 3 capacity-building strategies, technical assistance,  
48 4 consultation, and ongoing evaluation.

48 5 4. ELIGIBILITY. Local boards of health  
48 6 representing a coalition of health care providers and  
48 7 community and private organizations are eligible to  
48 8 submit applications.

48 9 Sec. 63. NEW SECTION. 135.27A GOVERNOR'S COUNCIL  
48 10 ON PHYSICAL FITNESS AND NUTRITION.

48 11 1. A governor's council on physical fitness and  
48 12 nutrition is established consisting of twelve members  
48 13 appointed by the governor who have expertise in  
48 14 physical activity, physical fitness, nutrition, and  
48 15 promoting healthy behaviors. At least one member  
48 16 shall be a representative of elementary and secondary  
48 17 physical education professionals, at least one member  
48 18 shall be a health care professional, at least one  
48 19 member shall be a registered dietician, at least one  
48 20 member shall be recommended by the department of elder  
48 21 affairs, and at least one member shall be an active  
48 22 nutrition or fitness professional. In addition, at  
48 23 least one member shall be a member of a racial or  
48 24 ethnic minority. The governor shall select a  
48 25 chairperson for the council. Members shall serve  
48 26 terms of three years beginning and ending as provided  
48 27 in section 69.19. Appointments are subject to  
48 28 sections 69.16 and 69.16A. Members are entitled to  
48 29 receive reimbursement for actual expenses incurred  
48 30 while engaged in the performance of official duties.  
48 31 A member of the council may also be eligible to  
48 32 receive compensation as provided in section 7E.6.

48 33 2. The council shall assist in developing a  
48 34 strategy for implementation of the statewide  
48 35 comprehensive plan developed by the existing statewide  
48 36 initiative to increase physical activity, improve  
48 37 physical fitness, improve nutrition, and promote  
48 38 healthy behaviors. The strategy shall include  
48 39 specific components relating to specific populations  
48 40 and settings including early childhood, educational,  
48 41 local community, worksite wellness, health care, and  
48 42 older Iowans. The initial draft of the implementation  
48 43 plan shall be submitted to the governor and the  
48 44 general assembly by December 1, 2008.

48 45 3. The council shall assist the department in  
48 46 establishing and promoting a best practices internet  
48 47 site. The internet site shall provide examples of  
48 48 wellness best practices for individuals, communities,  
48 49 workplaces, and schools and shall include successful  
48 50 examples of both evidence-based and nonscientific  
49 1 programs as a resource.

49 2 4. The council shall provide oversight for the  
49 3 governor's physical fitness challenge. The governor's  
49 4 physical fitness challenge shall be administered by  
49 5 the department and shall provide for the establishment  
49 6 of partnerships with communities or school districts  
49 7 to offer the physical fitness challenge curriculum to  
49 8 elementary and secondary school students. The council  
49 9 shall develop the curriculum, including benchmarks and  
49 10 rewards, for advancing the school wellness policy  
49 11 through the challenge.

49 12 Sec. 64. IOWA HEALTHY COMMUNITIES INITIATIVE ==  
49 13 APPROPRIATION. There is appropriated from the general  
49 14 fund of the state to the department of public health  
49 15 for the fiscal year beginning July 1, 2008, and ending  
49 16 June 30, 2009, the following amount, or so much  
49 17 thereof as is necessary, for the purpose designated:

49 18 For Iowa healthy communities initiative grants  
49 19 distributed beginning January 1, 2009, and for not  
49 20 more than the following full-time equivalent  
49 21 positions:

49 22 .....	\$	900,000
49 23 .....	FTEs	3.00

49 24 Sec. 65. GOVERNOR'S COUNCIL ON PHYSICAL FITNESS  
49 25 AND NUTRITION == APPROPRIATION. There is appropriated  
49 26 from the general fund of the state to the department  
49 27 of public health for the fiscal period beginning July  
49 28 1, 2008, and ending June 30, 2009, the following  
49 29 amount, or so much thereof as is necessary, for the  
49 30 purpose designated:  
49 31 For the governor's council on physical fitness:  
49 32 ..... \$ 112,100

49 33 Sec. 66. SMALL BUSINESS QUALIFIED WELLNESS PROGRAM  
49 34 TAX CREDIT == PLAN. The department of public health,  
49 35 in consultation with the insurance division of the  
49 36 department of commerce and the department of revenue,  
49 37 shall develop a plan to provide a tax credit to small  
49 38 businesses that provide qualified wellness programs to  
49 39 improve the health of their employees. The plan shall  
49 40 include specification of what constitutes a small  
49 41 business for the purposes of the qualified wellness  
49 42 program, the minimum standards for use by a small  
49 43 business in establishing a qualified wellness program,  
49 44 the criteria and a process for certification of a  
49 45 small business qualified wellness program, and the  
49 46 process for claiming a small business qualified  
49 47 wellness program tax credit. The department of public  
49 48 health shall submit the plan including any  
49 49 recommendations for changes in law to implement a  
49 50 small business qualified wellness program tax credit  
50 1 to the governor and the general assembly by December  
50 2 15, 2008.

50 3 DIVISION XV  
50 4 HEALTH CARE TRANSPARENCY  
50 5 DIVISION XXVI  
50 6 HEALTH CARE TRANSPARENCY

50 7 Sec. 67. NEW SECTION. 135.166 HEALTH CARE  
50 8 TRANSPARENCY == REPORTING REQUIREMENTS.

50 9 1. A hospital licensed pursuant to chapter 135B a  
50 10 physician licensed pursuant to chapter 148, 150, or  
50 11 150A, and a chiropractor licensed pursuant to chapter  
50 12 151 shall report quality indicators, annually, to the  
50 13 Iowa healthcare collaborative as defined in section  
50 14 135.40. The indicators shall be developed by the Iowa  
50 15 healthcare collaborative in accordance with  
50 16 evidence-based practice parameters and appropriate  
50 17 sample size for statistical validation and shall be  
50 18 modeled on national indicators as specified in this  
50 19 section.

50 20 2. A manufacturer or supplier of durable medical  
50 21 equipment or medical supplies doing business in the  
50 22 state shall submit a price list to the department of  
50 23 human services, annually, for use in comparing prices  
50 24 for such equipment and supplies with rates paid under  
50 25 the medical assistance program. The price lists  
50 26 submitted shall be made available to the public.

50 27 3. Each hospital in the state that is recognized  
50 28 by the Internal Revenue Code as a nonprofit  
50 29 organization or entity shall submit, to the department  
50 30 of public health and to the legislative services  
50 31 agency, annually, a copy of the hospital's internal  
50 32 revenue service form 990, including but not limited to  
50 33 schedule J or any successor schedule that provides  
50 34 compensation information for certain officers,  
50 35 directors, trustees, and key employees, and highest  
50 36 compensated employees within ninety days following the  
50 37 due date for filing the hospital's return for the  
50 38 taxable year.

50 39 4. a. The Iowa healthcare collaborative shall  
50 40 publicly report indicators and measures including but  
50 41 not limited to quality, patient safety, pediatric  
50 42 care, patient safety indicators and measures as  
50 43 developed by such nationally recognized entities as  
50 44 the agency for healthcare research and quality of the  
50 45 United States department of health and human services  
50 46 and the centers for Medicare and Medicaid services of  
50 47 the United States department of health and human  
50 48 services and similar national entities.

50 49 b. The Iowa healthcare collaborative shall also  
50 50 report health care acquired infection measures and  
51 1 indicators after validity measures have been developed  
51 2 in conjunction with the state epidemiologist and after  
51 3 legal protections for health care providers subject to  
51 4 reporting such data have been established.

51 5 Sec. 68. Section 136.3, Code 2007, is amended by  
51 6 adding the following new subsection:  
51 7 NEW SUBSECTION. 14. To the greatest extent  
51 8 possible integrate the efforts of the governing  
51 9 entities of the Iowa health information technology  
51 10 system pursuant to division XXI, the medical home  
51 11 pursuant to division XXII, the prevention and chronic  
51 12 care management initiative pursuant to division XXIII,  
51 13 consumer information provisions pursuant to division  
51 14 XXIV, and health and long-term care access pursuant to  
51 15 division XXV.

51 16 DIVISION XVI  
51 17 DIRECT CARE WORKFORCE

51 18 Sec. 69. DIRECT CARE WORKER ADVISORY COUNCIL ==  
51 19 DUTIES == REPORT.

51 20 1. As used in this section, unless the context  
51 21 otherwise requires:

51 22 a. "Department" means the department of public  
51 23 health.

51 24 b. "Direct care" means environmental or chore  
51 25 services, health monitoring and maintenance,  
51 26 assistance with instrumental activities of daily  
51 27 living, assistance with personal care activities of  
51 28 daily living, personal care support, or specialty  
51 29 skill services.

51 30 c. "Direct care worker" means an individual who  
51 31 directly provides or assists a consumer in the care of  
51 32 the consumer by providing direct care in a variety of  
51 33 settings which may or may not require supervision of  
51 34 the direct care worker, depending on the setting and  
51 35 the skills that the direct care workers possess, based  
51 36 on education or certification.

51 37 d. "Director" means the director of public health.

51 38 2. A direct care worker advisory council shall be  
51 39 appointed by the director and shall include  
51 40 representatives of direct care workers, consumers of  
51 41 direct care services, educators of direct care  
51 42 workers, other health professionals, employers of  
51 43 direct care workers, and appropriate state agencies.  
51 44 3. Membership, terms of office, quorum, and  
51 45 expenses shall be determined by the director in  
51 46 accordance with the applicable provisions of section  
51 47 135.11.

51 48 4. The direct care worker advisory council shall  
51 49 advise the director regarding regulation and  
51 50 certification of direct care workers, based on the  
52 1 work of the direct care workers task force established  
52 2 pursuant to 2005 Iowa Acts, chapter 88, and shall  
52 3 develop recommendations regarding but not limited to  
52 4 all of the following:

52 5 a. Direct care worker classifications based on  
52 6 functions and services provided by direct care  
52 7 workers.

52 8 b. Functions for each direct care worker  
52 9 classification.

52 10 c. An education and training orientation to be  
52 11 provided by employers.

52 12 d. Education and training requirements for each  
52 13 direct care worker classification.

52 14 e. The standard curriculum required for each  
52 15 direct care worker classification.

52 16 f. Education and training equivalency standards  
52 17 for each direct care worker classification.

52 18 g. Guidelines that allow individuals who are  
52 19 members of the direct care workforce prior to the date  
52 20 of required certification to be incorporated into the  
52 21 new regulatory system.

52 22 h. Continuing education requirements for each  
52 23 direct care worker classification.

52 24 i. Standards for direct care worker educators and  
52 25 trainers.

52 26 j. Certification requirements for each direct care  
52 27 worker classification.

52 28 k. Protections for the title "certified direct  
52 29 care worker".

52 30 l. Standardized requirements for supervision of  
52 31 each direct care worker classification, as applicable,  
52 32 and the roles and responsibilities of supervisory  
52 33 positions.

52 34 m. Responsibility for maintenance of credentialing  
52 35 and continuing education and training.

52 36 n. Provision of information to income maintenance  
52 37 workers and case managers under the purview of the  
52 38 department of human services about the education and  
52 39 training requirements for direct care workers to  
52 40 provide the care and services to meet consumer needs.  
52 41 5. The direct care worker advisory council shall  
52 42 report its recommendations to the director by November  
52 43 30, 2008, including recommendations for any changes in  
52 44 law or rules necessary.  
52 45 6. Implementation of certification of direct care  
52 46 workers shall begin July 1, 2009.

52 47 Sec. 70. DIRECT CARE WORKER COMPENSATION ADVISORY  
52 48 COMMITTEE == REVIEWS.

52 49 1. a. The general assembly recognizes that direct  
52 50 care workers play a vital role and make a valuable  
53 1 contribution in providing care to Iowans with a  
53 2 variety of needs in both institutional and home and  
53 3 community-based settings. Recruiting and retaining  
53 4 qualified, highly competent direct care workers is a  
53 5 challenge across all employment settings. High rates  
53 6 of employee vacancies and staff turnover threaten the  
53 7 ability of providers to achieve the core mission of  
53 8 providing safe and high quality support to Iowans.

53 9 b. It is the intent of the general assembly to  
53 10 address the long-term care workforce shortage and  
53 11 turnover rates in order to improve the quality of  
53 12 health care delivered in the long-term care continuum  
53 13 by reviewing wages and other compensation paid to  
53 14 direct care workers in the state.

53 15 c. It is the intent of the general assembly that  
53 16 the initial review of and recommendations for  
53 17 improving wages and other compensation paid to direct  
53 18 care workers focus on nonlicensed direct care workers  
53 19 in the nursing facility setting. However, following  
53 20 the initial review of wages and other compensation  
53 21 paid to direct care workers in the nursing facility  
53 22 setting, the department of human services shall  
53 23 convene subsequent advisory committees with  
53 24 appropriate representatives of public and private  
53 25 organizations and consumers to review the wages and  
53 26 other compensation paid to and turnover rates of the  
53 27 entire spectrum of direct care workers in the various  
53 28 settings in which they are employed as a means of  
53 29 demonstrating the general assembly's commitment to  
53 30 ensuring a stable and quality direct care workforce in  
53 31 this state.

53 32 2. The department of human services shall convene  
53 33 an initial direct care worker compensation advisory  
53 34 committee to develop recommendations for consideration  
53 35 by the general assembly during the 2009 legislative  
53 36 session regarding wages and other compensation paid to  
53 37 direct care workers in nursing facilities. The  
53 38 committee shall consist of the following members,  
53 39 selected by their respective organizations:

53 40 a. The director of human services, or the  
53 41 director's designee.

53 42 b. The director of public health, or the  
53 43 director's designee.

53 44 c. The director of the department of elder  
53 45 affairs, or the director's designee.

53 46 d. The director of the department of inspections  
53 47 and appeals, or the director's designee.

53 48 e. A representative of the Iowa caregivers  
53 49 association.

53 50 f. A representative of the Iowa health care  
54 1 association.

54 2 g. A representative of the Iowa association of  
54 3 homes and services for the aging.

54 4 h. A representative of the AARP Iowa chapter.

54 5 3. The advisory committee shall also include two  
54 6 members of the senate and two members of the house of  
54 7 representatives, with not more than one member from  
54 8 each chamber being from the same political party. The  
54 9 legislative members shall serve in an ex officio,  
54 10 nonvoting capacity. The two senators shall be  
54 11 appointed respectively by the majority leader of the  
54 12 senate and the minority leader of the senate, and the  
54 13 two representatives shall be appointed respectively by  
54 14 the speaker of the house of representatives and the  
54 15 minority leader of the house of representatives.

54 16 4. Public members of the committee shall receive

54 17 actual expenses incurred while serving in their  
54 18 official capacity and may also be eligible to receive  
54 19 compensation as provided in section 7E.6. Legislative  
54 20 members of the committee are eligible for per diem and  
54 21 reimbursement of actual expenses as provided in  
54 22 section 2.10.

54 23 5. The department of human services shall provide  
54 24 administrative support to the committee and the  
54 25 director of human services or the director's designee  
54 26 shall serve as chairperson of the committee.

54 27 6. The department shall convene the committee no  
54 28 later than July 1, 2008. Prior to the initial  
54 29 meeting, the department of human services shall  
54 30 provide all members of the committee with a detailed  
54 31 analysis of trends in wages and other compensation  
54 32 paid to direct care workers.

54 33 7. The committee shall consider options related  
54 34 but not limited to all of the following:

54 35 a. The shortening of the time delay between a  
54 36 nursing facility's submittal of cost reports and  
54 37 receipt of the reimbursement based upon these cost  
54 38 reports.

54 39 b. The targeting of appropriations to provide  
54 40 increases in direct care worker compensation.

54 41 c. Creation of a nursing facility provider tax.

54 42 8. Any option considered by the committee shall be  
54 43 consistent with federal law and regulations.

54 44 9. Following its deliberations, the committee  
54 45 shall submit a report of its findings and  
54 46 recommendations regarding improvement in direct care  
54 47 worker wages and other compensation in the nursing  
54 48 facility setting to the governor and the general  
54 49 assembly no later than December 12, 2008.

54 50 10. For the purposes of the initial review,  
55 1 "direct care worker" means nonlicensed nursing  
55 2 facility staff who provide hands-on care including but  
55 3 not limited to certified nurse aides and medication  
55 4 aides.

55 5 Sec. 71. DIRECT CARE WORKER IN NURSING FACILITIES  
55 6 == TURNOVER REPORT. The department of human services  
55 7 shall modify the nursing facility cost reports  
55 8 utilized for the medical assistance program to capture  
55 9 data by the distinct categories of nonlicensed direct  
55 10 care workers and other employee categories for the  
55 11 purposes of documenting the turnover rates of direct  
55 12 care workers and other employees of nursing  
55 13 facilities. The department shall submit a report on  
55 14 an annual basis to the governor and the general  
55 15 assembly which provides an analysis of direct care  
55 16 worker and other nursing facility employee turnover by  
55 17 individual nursing facility, a comparison of the  
55 18 turnover rate in each individual nursing facility with  
55 19 the state average, and an analysis of any improvement  
55 20 or decline in meeting any accountability goals or  
55 21 other measures related to turnover rates. The annual  
55 22 reports shall also include any data available  
55 23 regarding turnover rate trends, and other information  
55 24 the department deems appropriate. The initial report  
55 25 shall be submitted no later than December 1, 2008, and  
55 26 subsequent reports shall be submitted no later than  
55 27 December 1, annually, thereafter.

55 28 Sec. 72. EFFECTIVE DATE. This division of this  
55 29 Act, being deemed of immediate importance, takes  
55 30 effect upon enactment.>

55 31 #2. Title page, line 3, by striking the words  
55 32 <end-of-life care decision making> and inserting the  
55 33 following: <long-term living planning and patient  
55 34 autonomy in health care>.

55 35 #3. Title page, by striking line 8 and inserting  
55 36 the following: <transparency, health care consumer  
55 37 information, health care access, the direct care  
55 38 workforce, making appropriations, and including  
55 39 effective date and applicability provisions.>

55 40 HF 2539.H

55 41 pf:av/jg/25